

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000002992

1. Entity Name  
GLASS4LESS, L.L.C.



Principal Place of Business  
7380 PHILIPS HIGHWAY, SUITE 402  
JACKSONVILLE, FL 32256

Mailing Address  
7380 PHILIPS HIGHWAY, SUITE 402  
JACKSONVILLE, FL 32256



07072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3634410

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME HOCKELBERG, CRAIG C  
STREET ADDRESS 7380 PHILIPS HWY, SUITE 402  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE MGR  
NAME BRIGHT, MYLA L  
STREET ADDRESS 7380 PHILIPS HWY, SUITE 402  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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000000372848  
07/14/05-80010-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

904  
3327010