

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90061 025 ****50.00

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 15848

LITTLE ROCK, AR

72231

USA



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE MGR
NAME SMOTRILLA, JOHN
STREET ADDRESS 4119 RICHARDS ROAD, SUITE 111
CITY-ST-ZIP NORTH LITTLE ROCK AR 72117 ☒ Delete

TITLE MGR
NAME DUES, DALE
STREET ADDRESS 4119 RICHARDS ROAD, SUITE 111
CITY-ST-ZIP NORTH LITTLE ROCK AR 72117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

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

Date

Daytime Phone #

CR2E083 (10/02)