

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007157

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** GLEN ABBOTT PRODUCTIONS, LLC

**Current Principal Place of Business:**

705 FALLING LEAF CT.  
DELAND, FL 32724

**New Principal Place of Business:**

705 FALLING LEAF CT.  
DELAND, FL 32724 US

**Current Mailing Address:**

705 FALLING LEAF CT.  
DELAND, FL 32724

**New Mailing Address:**

705 FALLING LEAF CT.  
DELAND, FL 32724 US

**FEI Number:** 52-2316634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABBOTT, GLEN  
705 FALLING LEAF CT.  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

ABBOTT, GLEN R  
705 FALLING LEAF CT.  
DELAND, FL 32724 US

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.

SIGNATURE: GLEN ABBOTT

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABBOTT, GLEN  
Address: 705 FALLING LEAF CT.  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ABBOTT, GLEN R  
Address: 705 FALLING LEAF CT.  
City-St-Zip: DELAND, FL 32724 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLEN ABBOTT

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date