


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007756	
1. Entity Name GLM CONSULTING, LLC	

Principal Place of Business 3119 HASSI PT. LONGWOOD, FL 32779	Mailing Address 3119 HASSI PT. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0654194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEZBERG, MICHAEL D 3119 HASSI POINT LONGWOOD, FL 32779

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZBERG, MICHAEL 3119 HASSI PT. LONGWOOD, FL 32779
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09/03/08-80001-002 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	8-28-08	407-356-7704
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>