## L01 0000 14966

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒ #</i> )
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: GL MANAGEMENT, LLC (Name of corporation)		
DOCUMENT NUMBER: L01000014966	<del></del>	
The enclosed Statement of Change of Registered Office/Agent and fee are	e submitted for filing.	
Please return all correspondence concerning this matter to the following:		
GREG LUNDBERG		
(Name of person)	<del></del>	
GL MANAGEMENT, LLC	O4 JI	
(Name of firm/company)	H. X	3 112° 112°
1236 SOUTH JOHN YOUNG PARKWAY	OL JUN 24 PM 1: 13	; ;
(Address)	<u> </u>	, V
KISSIMMEE, FL 34741	13 ORIDA	
(City/state and zip code)		
For further information concerning this matter, please call:		
GREG LUNDBERG at (_40	908-8512	
(Name of person) (A	rea code & daytime telephone number)	
Enclosed is a \$35,00 check made payable to the Department of State.		
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

GREG LUNDBERG 1236 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

SUBJECT: GL MANAGEMENT, LLC Ref. Number: L01000014966

We have received your document for GL MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

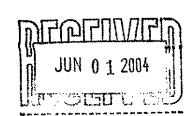
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 704A00036904



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the limited	l liability company is:	GL MANAGEMENT, LLC				
2.	The mailing address of USSIMMEE, FL 34741				HN YOUNG	PARKV	<u>NA</u> .
2	001			L01000014966	3		
3. Date of filing/registration in Florida				4. Document number			
5.	The name of the register Florida Department of S				on the records	of the	
		425 WEST COLONI	Name AL DRIVI	E SUITE 204			
	-	ORLANDO, FL 3280	Address 11 State and Z	in			
6.	The name and address of	• •		•			
		GREGORY J. LUNE	BERG				
	-	1236 SOUTH JOHN	ame YOUNG	PARKWAY			
	_	Florida street address	(P.O. Box	NOT acceptable)			
		KISSIMMEE	<sub>FL</sub> 3474	<b>i</b> 1	IV.	_	
co an lia the the	the limited liability companion of the business office of the business office of the bility company, it is here to members of the limited the original agreement of a members of the limited the original agreement of a member of a member of a member of signee) thereby accept the appoint the provisions of I am familiar with and appear 508, F.S. Or, if the appears, I hereby confirm to	pany is not organized using or changes are mather registered agent will by confirmed that the characteristic company or as the limited liability confirmed that the characteristic confirmed that the confirmed that the confirmed representative of a member and the confirmed representative and the confirmed representative and the confirmed representative and the confirmed representa	de, the Flo I be identic change(s) vs s otherwise mpany.	ws of the State of Forida street address of the case o	of the registers of a Florida lind by an affirmaticles of organ	ed office mited ative voi ization e	5
ad AS	dress, I hereby confirm t	is aocument is being fi hat the limited liability	iea to merc company —	ely reflect a change has been notified in	in the registe writing of thi	rea office s change	e 2.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00