

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020086

1. Entity Name
GLENN J. SNEIDER L.C.



Principal Place of Business
200 SW 9TH STREET
OKEECHOBEE, FL 34974

Mailing Address
200 SW 9TH STREET
OKEECHOBEE, FL 34974

FILED
Aug 08, 2008 08:00 AM
Secretary of State



08042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEIDER, GLENN J ESQ.
200 SW 9 STREET
OKEECHOBEE, FL 34974

**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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SNEIDER, GLENN J
STREET ADDRESS	200 SW 9TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/08/08-80004-013-538.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

8/6/08

Date

863-467-6570

Daytime Phone #