

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 024 ****50.00

DOCUMENT # L01000020390

1. Entity Name

Glory To Glory Mental Health Services, LLC
P.O. Box 47346
Tampa, FL 33647

DO NOT WRITE IN THIS SPACE

958377

2. Principal Place of Business Blvd.
15501 Bruce B. Downs

Suite, Apt. #, etc.
Apt. #2910

3. Mailing Address
P.O. Box 46346

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33647

Country
USA

Zip
33647

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Thomas & Carr, LLC

Street Address (P.O. Box Number is Not Acceptable)
1714 W. Cass Street

City Tampa **FL** **Zip Code** 33606

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME Ida Lindsey Apt. #2910
STREET ADDRESS 15501 Bruce B. Downs Blvd
CITY-ST-ZIP Tampa, FL 33647

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IN THIS SPACE**

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

Date

Daytime Phone #

4/30/02 8139718587

CR2E083B (12/01)