

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

DOCUMENT # L02000002827

1. Entity Name

GLENMERY LLC



FILED

03 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rep. of Kazakhstan

Suite, Apt. #, etc.

3. Mailing Address

1455 Talevast Rd.,

Suite, Apt. #, etc.

Suite L 8319

DO NOT WRITE IN THIS SPACE

City & State

Almaati

City & State

Sarasota, Florida

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Rep. of Kazahstar

Zip

34243

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Joseph Evans

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

1455 Tallevast Rd., Suite L 8319

City Sarasota

FL

Zip Code 34243

**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

Joseph Evans

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

04/18/2003

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Brumby LLC
1308 Delaware Avenue
Wilmington DE 19806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800017560998
04/30/03--01051--021 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Sammur LLC
1308 Delaware Avenue
Wilmington DE 19806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Sammur LLC
1308 Delaware Avenue
Wilmington DE 19806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Brumby LLC

Authorized signatory of
Brumby LLC / member

04/18/03

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

Date

Daytime Phone #

CR2E083B (12/02)