

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90415 037 ****50.00

DOCUMENT # L03000003837

1. Entity Name
GLYNN INVESTMENT, LLC



Principal Place of Business
% EUGENE R. AND GWYNNE MITCHELL
P.O. BOX 282
GREENFIELD, NH 03047

Mailing Address
% EUGENE R. AND GWYNNE MITCHELL
P.O. BOX 282
GREENFIELD, NH 03047

24044364



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 - Chg-LLC - CR2E083 (10/03)

City & State

City & State

4. FEI Number

005-44-5918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, CAPRECIA
5455 JAEGER ROAD
NAPLES, FL 34109

Name

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

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SHAMROCK HOLDINGS GROUP, LLC
650 S. CHERRY ST., SUITE 920
DENVER, CO 80246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
EUGENE R. MITCHELL
418 SAWMILL RD
Greenfield, NH 03047 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Gwynne M. Mitchell
418 SAWMILL RD
Greenfield, NH 03047 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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: *E. Mitchell*

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

4/7/04

Date

Daytime Phone #

603/547-6697