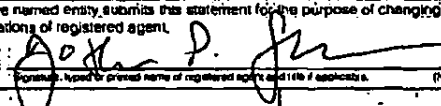
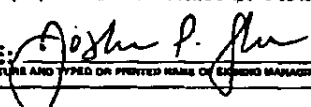


FILED
Mar 30, 2004 8:00 am
Secretary of State

03-04-2004 90072 036 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000017980							
1. Entity Name GLENN FINANCIAL SERVICES, LLC							
Principal Place of Business 9144 ROCKROSE DR. TAMPA, FL 33647		Mailing Address 9144 ROCKROSE DR. TAMPA, FL 33647					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 73-1665379			
				Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent GLENN, JOSHUA P. 9144 ROCKROSE DR. TAMPA, FL 33647				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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:  (NOTE: Registered Agent signature required when reappointing)							
DATE							
Filing Fee is \$80.00 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MANAGER MEMBER	JOSHUA P. GLENN	9144 ROCKROSE DR	TAMPA, FL 33647				
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:  JOSHUA P. GLENN				813-973-4311			
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date			