

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019284

Entity Name: GLENNSCARS LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

206 STATE ROAD 60 WEST
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

206 STATE ROAD 60 WEST
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 54-2111775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCENT, GLENN
4308 DEESON RD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

VINCENT, GLENN
4824 WALNUT CIRCLE SOUTH
LAKELAND, FL 33810 US

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:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VINCENT, GLENN
Address: 4824 WALNUT CIRCLE SOUTH
City-St-Zip: LAKELAND, FL 33810 US

Title: MGR () Delete
Name: SWINHOE, JOSEPH J
Address: 515 COCOPLUM DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: MGR () Delete
Name: MACDONALD, DONALD V
Address: 12430 WILLOW TREE AVE
City-St-Zip: HUDSON, FL 34669 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN VINCENT

MGR

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date