

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036484

1. Entity Name
GLAD, LTD. CO.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 17 PM 3:30

Principal Place of Business
C/O PELICAN RALTY GROUP, INC.
9220 BONITA BEACH RD., STE. 102
BONITA SPRINGS, FL 34135

Mailing Address
C/O PELICAN RALTY GROUP, INC.
9220 BONITA BEACH RD., STE. 102
BONITA SPRINGS, FL 34135



2. Principal Place of Business

3. Mailing Address

01082004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0086541

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

GALVANO, RICHARD
C/O PELICAN RALTY GROUP, INC.
9220 BONITA BEACH RD., STE. 102
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing member
Richard Galvano
9220 BONITA BEACH RD, 102
BONITA SPRINGS, FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300036188623
05/12/04--01025--002 **1200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RICH GALVANO PRES

4-29-1

239-495-900

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

Date

Daytime Phone #