

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000038026

1. Entity Name

GLAD ANGEL & ASSOCIATES LLC



Principal Place of Business

1701 NW 39
OAKLAND PARK FL 33309
US

Mailing Address

1701 NW 39TH ST
OAKLAND PARK FL 33309
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9/26/08

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2425678

Applied For

Not Applicable

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

GLAD, ANGELA
1701 NW 39TH ST
OAKLAND PARK FL 33093

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

DPS 06 Rev.

FILE NOW!!! FEE IS \$338.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GLAD, ANGELA
1701 NW 39TH ST
OAKLAND PARK FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900137669119
11/05/08--01027--004 **238.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GLAD, MATTHEW
1701 NW 39TH ST
OAKLAND PARK FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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

Date

Daytime Phone #

8-13-08

954-977-6655

FILED

08 NOV 12 PM 2:16

SECRETARY OF STATE



2nd MOORE

CR2E083 (4/08)

REINSTATEMENT

up 11/13/08