

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054776

Entity Name: GLENN E. BLANTON, LLC

FILED
Sep 09, 2008
Secretary of State

Current Principal Place of Business:

4030 MOORES LAKE ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

4030 MOORES LAKE ROAD
DOVER, FL 33527

New Mailing Address:

FEI Number: 11-3709671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLANTON, GLENN E
4030 MOORES LAKE ROAD
DOVER, FL 33527 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLANTON, GLENN E MGRM
Address: 4030 MOORES LAKE ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: RANKIN, LINDA
Address: 340 SOUTH RAMONA AVE.
City-St-Zip: LAKE ALFRED, FL

Title: MGRM () Delete
Name: BLANTON, GRACE B MGRM
Address: 4030 MOORES LAKE ROAD
City-St-Zip: DOVER, FL 33527 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: GRACE BLANTON

MGRM

09/09/2008

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