

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004609

FILED
Feb 17, 2009
Secretary of State

Entity Name: NA GLYNOS, L.L.C.

Current Principal Place of Business:

107 LANDMARK STREET
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

107 LANDMARK STREET
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-8665445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLYNOS, NICHOLAS
107 LANDMARK STREET
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

GLYNOS, ATHENA
107 LANDMARK STREET
MARCO ISLAND, FL 34145 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: ATHENA GLYNOS

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLYNOS, NICHOLAS
Address: 107 LANDMARK STREET
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR () Delete
Name: GLYNOS, ATHENA
Address: 107 LANDMARK STREET
City-St-Zip: MARCO ISLAND, FL 34145

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SORICH, IRENE
Address: 9405 WICKHAM WAY
City-St-Zip: ORLANDO, FL 32836

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: ATHENA GLYNOS

MGR

02/17/2009

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