

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 004 ****50.00

DOCUMENT # L04000090602

1. Entity Name

GLB, L.L.C.



Principal Place of Business

12834 S.E. HOBE HILLS DRIVE
HOBE SOUND FL 33455

Mailing Address

12834 S.E. HOBE HILLS DRIVE
HOBE SOUND FL 33455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2679980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (5/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, GEORGE L
12834 S.E. HOBE HILLS DRIVE
HOBE SOUND FL 33455

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

George L Burns

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

8/29/05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BURNS, GEORGE L
12834 S.E. HOBE HILLS DRIVE
HOBE SOUND FL 33455 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

George L Burns

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

8/29/05

Date

Daytime Phone #