

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000004307

1. Entity Name  
GLADES BOYS, LLC



Principal Place of Business  
441 N.E. 1ST ST.  
CRYSTAL RIVER, FL 34429

Mailing Address  
POST OFFICE BOX 2215  
CRYSTAL RIVER, FL 34423

**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2172908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BARNES, G. MAX  
441 N.E. 1ST ST.  
CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

000000760070  
05/24/07-80068-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BARNES, G. MAX  
POST OFFICE BOX 2215  
CRYSTAL RIVER, FL 34423

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHUKLA, NITIN  
POST OFFICE BOX 697  
CRYSTAL RIVER, FL 34423

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: G. MAX BARNES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07 352 565 300