

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000006332

1. Entity Name  
GLENN GATES LLC



Principal Place of Business

18040 SW 31ST ST  
DUNNELLON, FL 34432 US

Mailing Address

PO BOX 1706  
DUNNELLON, FL 34430 US



04302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2202580

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

GATES, GLENN D  
18040 SW 31ST ST  
DUNNELLON, FL 34432

**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 05/24/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

05/24/07-80069-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATES, GLENN D 18040 SW 31ST ST DUNNELLON, FL 34432
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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: Glenn Gates MGRM

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

Date

Daytime Phone #

✓ 4/30/07 ✓ 352-895-5380