

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064805

Entity Name: THE GLADES GROUP, LLC

FILED
May 23, 2008
Secretary of State

Current Principal Place of Business:

4840 SW 161 LANE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4840 SW 161 LANE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-3079636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

APPLEBY, SCOTT
4840 SW 161ST LANE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: APPLEBY, SCOTT
Address: 4840 SW 161ST LANE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: APPLEBY, MICHAEL
Address: 2786 MACDUFF CIRCLE, NW
City-St-Zip: N CANTON, OH 44720

Title: MGRM () Delete
Name: DELATORRE, MARITZA
Address: 4880 SW 161ST LANE
City-St-Zip: MIRAMAR, FL 33027

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: SCOTT APPLEBY

MGR

05/23/2008

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