

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064958

Entity Name: GLAD TIDEN, LLC

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

538 MARY ESTHER CUTOFF #316  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

548 MARY ESTHER CUTOFF #316  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

538 MARY ESTHER CUTOFF #316  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

548 MARY ESTHER CUTOFF #316  
FORT WALTON BEACH, FL 32548

FEI Number: 75-3203643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, VALERIE  
1767 GUILFORD COURT  
FORT WALTON BEACH, FL 32547 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: MGRM  
Name: SULLIVAN, VALERIE  
Address: 1767 GUILFORD COURT  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM  
Name: PETERSON, MARK A  
Address: 1767 GUILFORD COURT  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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: VALERIE SULLIVAN

MGRM

03/16/2010

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