


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075247 1. Entity Name GLSS ENTERPRISES, LLC	
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Principal Place of Business 4406 WINDRUSH DRIVE NICEVILLE, FL 32578	Mailing Address 4406 WINDRUSH DRIVE NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3239980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PORATH, SHANNON L 56 SPIRES LANE SUITE 16A SANTA ROSA BEACH, FL 32459
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, MICHAEL 4406 WINDRUSH DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, SUSAN 4406 WINDRUSH DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEARS, SUSAN 4406 WINDRUSH DRIVE NICEVILLE, FL 32578
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80011-003 50.00

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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: <u>Susan Warren Susan Warren</u>	<u>3-24-07</u>	<u>850897-9029</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>