2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L05000075247

Entity Name: GLSS ENTERPRISES, LLC

Current Principal Place of Business:

4406 WINDRUSH DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4406 WINDRUSH DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-3239980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORATH, SHANNON L
56 SPIRES LANE
SUITE 16A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WIDMAN, SHANNON L
600 GRAND BOULEVARD
SUITE 205
DESTIN, FL 32550 US

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: SHANNON L WIDMAN, ESQ 04/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WARREN, MICHAEL
Address: 4406 WINDRUSH DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: WARREN, SUSAN
Address: 4406 WINDRUSH DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: SPEARS, SUSAN
Address: 4406 WINDRUSH DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: SUSAN WARREN SEC 04/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date