

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90055 048 ****50.00

DOCUMENT # L05000082715

1. Entity Name
GLG LIMITED LIABILITY COMPANY



Principal Place of Business
**21425 SW 97TH COURT
MIAMI, FL 33189**

Mailing Address
**21425 SW 97TH COURT
MIAMI, FL 33189**

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3244211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENFELD, GARY B
12471 SW 130TH ST #9
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GABRIEL JR	
STREET ADDRESS	21425 SW 97TH COURT	
CITY - ST - ZIP	MIAMI, FL 33189	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GABRIEL SR	
STREET ADDRESS	21425 SW 97TH COURT	
CITY - ST - ZIP	MIAMI, FL 33189	
TITLE	MGMR	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LIDIA	
STREET ADDRESS	21425 SW 97TH COURT	
CITY - ST - ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGMR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GABRIEL JR	
STREET ADDRESS	21425 SW 97 COURT Miami FLA 33189	
CITY - ST - ZIP		
TITLE	MGMR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GABRIEL	
STREET ADDRESS	21425 SW 97 COURT Miami FLA 33189	
CITY - ST - ZIP		
TITLE	MGMR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LIDIA	
STREET ADDRESS	21425 SW 97 COURT Miami FLA 33189	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Lidia Hernandez* **LIDIA HERNANDEZ** *4/10/06 (305) 728 1866*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #