


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097435

1. Entity Name
GLORELAINE DISTRIBUTORS, LLC.



Principal Place of Business 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	Mailing Address 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



03192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3761065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, ELAINE L
1144 DARLINGTON OAK DRIVE NE
ST. PETERSBURG, FL 33703

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHREIBER, ELAINE L 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703
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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: Elaine L. Schreiber 4/9/7 727-667-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #