

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 017 ***138.75

60026734



01092008No Chg-LLC CR2E083 (12/07)

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

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 |
|---|---|

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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* 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #