2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106281

1. Entity Name
GLM, LLC

Principal Place of Business
6767 HOFFNER ROAD
ORLANDO, FL 32822-3402

Mailing Address
6767 HOFFNER ROAD
ORLANDO, FL 32822-3402

02092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0756947
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, LYNNEN L
724 CAVE HOLLOW LANE
ORLANDO, FL 32828

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 _____
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAGNE, MICHAEL
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	MGRM
NAME	LAMBERT, LYNNEN L
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	MGRM
NAME	MEYERS, LARRY J
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000641124
02/28/07-80095-009 50.00

DO NOT WRITE 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: _____ 2/16/07 407 832 4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #