

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113541

Entity Name: GLAD 2 INSPECT, LLC

FILED
Sep 01, 2008
Secretary of State

Current Principal Place of Business:

3701 WINDJAMMER LN
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3701 WINDJAMMER LN
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-3876253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLAD, ANTHONY
3701 WINDJAMMER LANE
ST. AUGUSTINE, FL 32084 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLAD, ANTHONY
Address: 3701 WINDJAMMER LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM (X) Delete
Name: GLAD, TAMMY
Address: 3701 WINDJAMMER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T (X) Delete
Name: GLAD, TAMMY
Address: 1835 US HWY 1 S 119-114
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: ANTHONY D. GLAD

MGRM

09/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date