


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000000276

1. Entity Name
APRIL CHARLENE GLANCY, LLC



Principal Place of Business 210 NE TRIPLET DR CASSELBERRY, FL 32707	Mailing Address 210 NE TRIPLET DR CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



01162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 26-0125843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLANCY, CHARLENE
 210 NE TRIPLET DR
 CASSELBERRY, FL 32707**

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 *Charlene Glancy* DATE 1-16-2007

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**

000000593020
 01/22/07-80015-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLANCY, CHARLENE 210 NE TRIPLET DR CASSELBERRY, FL 32707
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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: *Charlene Glancy* Date 1-16-2007 Daytime Phone # 407-929-4864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #