

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034349

FILED
Aug 13, 2008
Secretary of State

Entity Name: GLEN HILL, LLC

Current Principal Place of Business:

7400 SUN ISLAND DRIVE SOUTH, UNIT #801
SOUTH PASADENA, FL 33707

New Principal Place of Business:

12363 PLEASANT VIEW DR
FULTON, MD 20759

Current Mailing Address:

7400 SUN ISLAND DRIVE SOUTH, UNIT #801
SOUTH PASADENA, FL 33707

New Mailing Address:

12363 PLEASANT VIEW DR
FULTON, MD 20759

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SESSLER, VICTORIA
7400 SUN ISLAND DRIVE SOUTH, UNIT #801
SOUTH PASADENA, FL 33707 US

Name and Address of New Registered Agent:

SESSLER, VICTORIA
12363 PLEASANT VIEW DR
FULTON, MD, FL 20759 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:

08/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SESSLER, VICTORIA
Address: 7400 SUN ISLAND DRIVE SOUTH, UNIT #801
City-St-Zip: SOUTH PASADENA, FL 33707

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SESSLER, VICTORIA
Address: 12363 PLEASANT VIEW DR
City-St-Zip: FULTON, MD 20759

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: VICTORIA SESSLER

MGR

08/13/2008

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