

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000061753

1. Entity Name
GLOVEGEAR LLC



Principal Place of Business 117 WEST ALDEA STREET PORT SAINT LUCIE, FL 34952 US	Mailing Address 117 WEST ALDEA STREET PORT SAINT LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



02252008No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

**THOMAS, MICHAEL W
 117 WEST ALDEA STREET
 PORT SAINT LUCIE, FL 34952**

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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	MGRM THOMAS, MICHAEL W 117 WEST ALDEA STREET PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000848462
 03/20/08-80017-022 138.75

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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: M. D. Thomas **2/29/08** **772-579-1514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #