

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000076634

1. Entity Name

BERT GLOVER MASONRY, LLC



Principal Place of Business

11247 SAN JOSE BLVD., #1805
JACKSONVILLE FL 32223

Mailing Address

11247 SAN JOSE BLVD., #1805
JACKSONVILLE FL 32223

SEP 20 PM 1:42



2. Principal Place of Business - No P.O. Box #

9252 San Jose Blvd

3. Mailing Address

9252 San Jose Blvd

Suite, Apt., #, etc.

#3403

Suite, Apt., #, etc.

#3403

City & State

Jacksonville FL

City & State

Jax FL

Zip

32257

Country

Dual

Zip

32257

Country

Dual

2nd MOORE

CR2E083 (4/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, CHARLES H JR.
11247 SAN JOSE BLVD., #1805
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GLOVER, BERT
STREET ADDRESS 11247 SAN JOSE BLVD., #1805
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300109887169
CITY-ST-ZIP 09/25/07--01024--005 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles H. Glover

9-5-07

904 248-0077