

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012179

Entity Name: GLENN FARMS, L.L.C.

FILED
Feb 10, 2008
Secretary of State

Current Principal Place of Business:

417-B RACETRACK ROAD
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

2174 COUNTY HWY 280 EAST
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

417-B RACETRACK ROAD
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

2017 BAYSHORE DRIVE
NICEVILLE, FL 32578 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GLENN, J. MICHAEL
Address: 417-B RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGR () Delete
Name: GLENN, MICHELLE E
Address: 417-B RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GLENN, J. MICHAEL
Address: 2017 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR (X) Change () Addition
Name: GLENN, MICHELLE E
Address: 2017 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

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: J. MICHAEL GLENN, DIRECTOR

DIR

02/10/2008

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