

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012179

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

FILED  
Feb 26, 2009  
Secretary of State

**Current Principal Place of Business:**

2174 COUNTY HWY 280 EAST  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

**Current Mailing Address:**

2017 BAYSHORE DRIVE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

99 BAHIA VISTA DR.  
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: 2017 BAYSHORE DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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, M.D.

DIR

02/26/2009

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