2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90017 035 ***138.75

DOCUMENT # L07000051691

1. Entity Name
GENE GLOVER SIGNS, LLC

Principal Place of Business	Mailing Address
12830 NW COUNTY HWY 225-A REDDICK, FL 32686	12830 NW COUNTY HWY 225-A REDDICK, FL 32686

04302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12830 NW Cty Hwy 225A	12830 NW Cty Hwy 225A
Suite, Apt #, etc. Reddick	Suite, Apt. #, etc
City & State Reddick FL	City & State Reddick FL
Zip 32686 Country Marion	Zip 32686 Country Marion

4. FEI Number 26-0170290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, EUGENE SR. 12830 NW COUNTY HWY. 225A REDDICK, FL 32686	Name Gene Glover Signs LLC / Eugene Glover Sr. Street Address (P.O. Box Number is Not Acceptable) 12830 NW Cty Hwy 225A City Reddick FL Zip Code 32686

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 EUGENE GLOVER SR. 5/01/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLOVER, EUGENE SR. 12830 NW COUNTY HWY. 225A REDDICK, FL 32686	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 5/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #