

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-11-2008 90180 016 ***138.75

DOCUMENT # L07000059598					
1. Entity Name GLGV, LLC				Principal Place of Business 570 MEMORIAL CIRCLE SUITE 300 ORMOND BEACH, 32174 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				Mailing Address 570 MEMORIAL CIRCLE SUITE 300 ORMOND BEACH, 32174 US	
3. Mailing Address Suite, Apt. #, etc.				City & State	
City & State				City & State	
Zip		Country		Zip	
Country		Country		03252008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-2244115				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VASILAROS, STEVEN T 518 RIVERSIDE DRIVE ORMOND BEACH, FL 32176				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 _____ (NOTE: Registered Agent signature required when reappointing) 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 GALLOWAY, G. G. 1305 OAK FORREST DRIVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:				Date: 4.08.08	
SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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