2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030503

Entity Name: 4 GOD'S GLORY, LLC

CONNER, BRITTANY L

9000 NW 9TH COURT

MIAMI, FL 33150

Name:

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9000 NW 9TH COURT MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 9000 NW 9TH COURT MIAMI, FL 33150 FEI Number: 94-3476504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNER, SHARIE R MRS. 9000 NW 9TH COURT MIAMI, FL 33150 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CONNER, SHARIE R Name: Name: Address: 9000 NW 9TH COURT Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: CONNER, MICHAEL SR. Name: Address: 9000 NW 9TH COURT Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition CONNER, DEVEN M Name: CONNER, DEVEN M Name: 1504 OCEAN AVENUE Address: 35 DODWORTH APT #2 Address: City-St-Zip: BROOKLYN, NY 11221 City-St-Zip: BROOKLYN, NY 11230 Title: MGR () Delete Title: () Change () Addition Name: CONNER, MICHAEL JR. Name: 9000 NW 9TH COURT Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: Title: MGR () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARIE CONNER MGR 04/22/2009