

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000044502

Entity Name: GLOMED, LLC

FILED  
Apr 27, 2011  
Secretary of State

**Current Principal Place of Business:**

18101 COLLINS AVENUE  
SUITE 1609  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18101 COLLINS AVENUE  
SUITE 1609  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 27-0569988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISHAKI, NUR O  
18101 COLLINS AVENUE  
SUITE 1609  
SUNNY ISLES BEACH, FL 33160 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: MGRM  
Name: ISHAKI, NUR O  
Address: 18101 COLLINS AVENUE, #1609  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM  
Name: ONSRUD, NINA C  
Address: 18101 COLLINS AVENUE, #1609  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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: NUR ISHAKI

MGRM

04/27/2011

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