

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095928

Entity Name: THE GLASS EFFECT LLC.

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3209 AVALON ROAD  
WINTER GARDEN, FL 64767

**New Principal Place of Business:**

3209 AVALON ROAD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

3209 AVALON ROAD  
WINTER GARDEN, FL 64767

**New Mailing Address:**

3209 AVALON ROAD  
WINTER GARDEN, FL 34787

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SPENCE, PETER  
3209 AVALON ROAD  
WINTER GARDEN, FL 64767 US

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

SPENCE, PETER  
3209 AVALON ROAD  
WINTER GARDEN, FL 34787 US

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:

03/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PST  
Name: SPENCE, PETER  
Address: 3209 AVALON ROAD  
City-St-Zip: WINTER GARDEN, FL 34787

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: PETER SPENCE

PST

03/31/2011

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