

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105524

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GLAD RESTORATION LLC

**Current Principal Place of Business:**

3701 WINDJAMMER LANE  
SAINT AUGUSTINE, FL 320840467 US

**New Principal Place of Business:**

181 TURTLE COVE CT.  
PONTE VEDRA, FL 32082 US

**Current Mailing Address:**

3701 WINDJAMMER LANE  
SAINT AUGUSTINE, FL 320840467 US

**New Mailing Address:**

181 TURTLE COVE CT.  
PONTE VEDRA, FL 32082 US

**FEI Number:** 45-3253340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAD, ANTHONY  
3701 WINDJAMMER LANE  
SAINT AUGUSTINE, FL 320840467 US

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

GLAD, ANTHONY  
181 TURTLE COVE CT.  
PONTE VEDRA, FL 32082 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GLAD, ANTHONY  
Address: 181 TURTLE COVE CT.  
City-St-Zip: PONTE VEDRA, FL 32082 US

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: ANTHONY GLAD

MGRM

04/26/2012

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