

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105666

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** GLIA CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

5327 HEMINGWAY LANE WEST  
804  
NAPLES, FL 34116 US

**Current Mailing Address:**

5327 HEMINGWAY LANE WEST  
804  
NAPLES, FL 34116 US

**New Principal Place of Business:**

8228 TWELVE OAKS CIRCLE  
APT 324  
NAPLES, FL 34113 US

**New Mailing Address:**

8228 TWELVE OAKS CIRCLE  
APT 324  
NAPLES, FL 34113 US

**FEI Number:** 45-3411591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASSIDY, GERALD J  
5327 HEMINGWAY LANE WEST  
804  
NAPLES, FL 34116 US

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

CASSIDY, GERALD J  
8228 TWELVE OAKS CIRCLE  
APT 324  
NAPLES, FL 34113 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

04/19/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASSIDY, GERALD J  
Address: 8228 TWELVE OAKS CIRCLE, APT 324  
City-St-Zip: NAPLES, FL 34113 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: GERALD J CASSIDY

MGRM

04/19/2012

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