

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000123313

**FILED**  
**Jan 14, 2014**  
**Secretary of State**

**Entity Name:** GLASSCO SOLUTIONS, LLC

**Current Principal Place of Business:**

3 ARBOR CLUB DRIVE  
#216  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

3 ARBOR CLUB DRIVE  
#216  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 46-1420420      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CATES, DAVID  
3 ARBOR CLUB DRIVE  
#216  
PONTE VEDRA BEACH, FL 32082 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:** DAVID CATES

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** CATES, DAVID  
**Address:** 3 ARBOR CLUB DRIVE #216  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082 US

**Title:** MGRM  
**Name:** CATES, MARK  
**Address:** 3 ARBOR CLUB DRIVE #216  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082 US

**Title:** MGRM  
**Name:** SCHAEFER, ROBERT  
**Address:** 3 ARBOR CLUB DRIVE #216  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082 US

**Title:** MGRM  
**Name:** CATES, JOSHUA  
**Address:** 3 ARBOR CLUB DRIVE #216  
**City-St-Zip:** PONTE VEDRA BEACH, 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** DAVID CATES

MGRM

01/14/2014

Electronic Signature of Authorized Person

Date