

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 001 ****50.00

DOCUMENT # L99000004267

1. Entity Name

GLASELL ENTERPRISES, L.L.C.



Principal Place of Business

14113 PERDIDO KEY DRIVE
PENSACOLA FL 32507
US

Mailing Address

P.O. BOX 34466
PENSACOLA FL 32507

2. Principal Place of Business - No P.O. Box #

13700 Perdido Key Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32507

Country

USA

Zip

Country

4. FEI Number

59-3589549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASELL, BRUCE C
14113 PERDIDO KEY DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Glasell, Bruce C

Street Address (P.O. Box Number is Not Acceptable)

13700 Perdido Key Dr

City

Pensacola

FL

Zip Code

32507

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GLASELL, BRUCE C
STREET ADDRESS 14113 PERDIDO KEY DRIVE
CITY- ST- ZIP PENSACOLA FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #