

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006241**

1. Entity Name

GLML ENTERPRISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM -1:25

Principal Place of Business

1213 MIRA VISTA LANE
MELBOURNE FL 32940

Mailing Address

1213 MIRA VISTA LANE
MELBOURNE FL 32940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

415 Pineda Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite B

City & State

Melbourne FL

City & State

Zip

Country

USA

4. FEI Number

59-3604148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.

GREENLEAF BLDG, 3RD FL

200 LAURA STREET

JACKSONVILLE FL 32201-0240

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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 Department of State

600003349996
-08/08/00--01093--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ~~Gregory McFarland~~ Gregory McFarland MGRM
STREET ADDRESS 1213 Mira Vista Ct
CITY-ST-ZIP Melbourne FL 32940 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/10/2000

CR2E083 (5/00)