

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000249

**Entity Name:** GLOCECOL LLC

**Current Principal Place of Business:**

10302 NW SOUTH RIVER DRIVE  
BAY #18  
MEDLEY, FL 33178

**Current Mailing Address:**

10302 NW SOUTH RIVER DRIVE  
BAY #18  
MEDLEY, FL 33178 US

**FEI Number:** 20-2081836

**Certificate of Status Desired:** No

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

LONDONO, CECITH  
4767 NW 90 AVE  
SUNRISE, FL 33351 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                  |                 |                  |
|-----------------|------------------|-----------------|------------------|
| Title           | MGRM             | Title           | MGRM             |
| Name            | LONDONO, CECITH  | Name            | RUIZ, GLORIA N   |
| Address         | 4767 NW 90 AVE   | Address         | 9475 NW 52 PL    |
| City-State-Zip: | SUNRISE FL 33351 | City-State-Zip: | SUNRISE FL 33351 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CECITH LONDONO

**PRESIDENT**

**03/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date