

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077241

Entity Name: GLODEA, LLC**Current Principal Place of Business:**521 COPELAND ST.
JACKSONVILLE, FL 32204**Current Mailing Address:**521 COPELAND STREET
JACKSONVILLE, FL 32204 US**FEI Number:** 27-3136745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTOS, JOSE IGNACIO L
521 COPELAND ST.
JACKSONVILLE, FL 32204 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 CEO
Name SANTOS, JOSE IGNACIO L
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT NORTH AMERICA
BUSINESS
Name MILLER, DAN D
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT INTERNATIONAL
BUSINESS
Name CHERIX, PATRICK
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PARTNER
Name SANTOS, ANALENE RL
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PARTNER
Name CHERIX, JEAN
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PARTNER
Name SCHORR, MARCO-GERALDO A
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PARTNER
Name KESKE, FELIPPE
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

Title PARTNER
Name SANTOS, VICTOR-JOAQUIM L
Address 521 COPELAND ST.
City-State-Zip: JACKSONVILLE FL 32204

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: SANTOS , JOSE IGNACIO L

CEO

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date