

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000156335

Entity Name: GLAJUTAD, LLC**Current Principal Place of Business:**504 AVENUE I SE
WINTER HAVEN, FL 33880**Current Mailing Address:**P.O. BOX 7612
WINTER HAVEN, FL 33883**FEI Number:** 46-1560319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRUTUS, JULIO A
504 AVENUE I SE
WINTER HAVEN, FL 33880 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
Name JADOTAG REVOCABLE TRUST
Address 504 AVENUE I SE
City-State-Zip: WINTER HAVEN FL 33880Title MGRM
Name BRUTUS, JULIO A
Address P.O. BOX 7612
City-State-Zip: WINTER HAVEN FL 33883Title MGRM
Name BRUTUS, GLADISS P
Address P.O. BOX 7612
City-State-Zip: WINTER HAVEN FL 33883

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: JULIO A BRUTUS

MGRM

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date