

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046528

**Entity Name:** GLORILINE, LLC

**Current Principal Place of Business:**

103 CRESCENT PALMS DRIVE  
PORT ST. JOE, FL 32457

**Current Mailing Address:**

PO BOX 213  
PORT ST. JOE, FL 32457

**FEI Number: 46-7306069**

**Certificate of Status Desired: No**

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

STUDSTILL, CLAYTON B ESQ.  
326 REID AVENUE  
PORT ST. JOE, FL 32456 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 SAVELLE, JEANNE Y  
Address 620 GREEN VALLEY DRIVE  
City-State-Zip: SMYRNA GA 30082

Title MGRM  
Name KNUTSEN, RICHARD M  
Address 620 GREEN VALLEY DRIVE  
City-State-Zip: SMYRNA GA 30082

*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: SAVELLE , JEANNE Y**

**MANAGER**

**03/11/2016**

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

\_\_\_\_\_  
Date