

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000121583

**Entity Name:** GLENLIA SETTLEMENTS, LLC

**Current Principal Place of Business:**

4580 PGA BLVD  
STE. 209  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4580 PGA BLVD  
STE. 209  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 84-1745101

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | MANAGER                     | Title           | MANAGER                     |
| Name            | ANDREW, ANGELO              | Name            | BLANE, CHRISTIAN MYLES      |
| Address         | 4580 PGA BLVD SUITE 209     | Address         | 4580 PGA BLVD SUITE 209     |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 | City-State-Zip: | PALM BEACH GARDENS FL 33418 |

*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:** CHRISTIAN MYLES BLANE

MANAGER

12/09/2021

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

\_\_\_\_\_  
Date