



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

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2020 ANNUAL REPORT

Registry Number: 1568342-94

Date of Organization: 06/18/2019

Fee: \$100.00

Due Date: 06/18/2020

Type: DOMESTIC LIMITED LIABILITY COMPANY

1122

GLENN EDWARDS INSURANCE AGENCY, LLC
120 ELLSWORTH ST SW
ALBANY OR 97321

FILED

MAY 20 2020

OREGON SECRETARY OF STATE

Name of Domestic Limited Liability Company

GLENN EDWARDS INSURANCE AGENCY, LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

GLENN C EDWARDS
441 6TH AVE SW
ALBANY OR 97321

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Str. address, city, state, zip)

560 NW HICKORY ST STE 101
ALBANY OR 97321

3) Mailing Address (Address, city, state, zip)

120 ELLSWORTH ST SW
ALBANY OR 97321

← New
mailing address

4) ☒ Member or ☐ Manager (Name & Address)

CRYSTAL HARRIS
4453 CREEL AVE SE
ALBANY OR 97322

5) ☒ Member or ☐ Manager (Name & Address)

GLENN C EDWARDS
441 6TH AVE SW
ALBANY OR 97321

No change

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature

8) Date

5/11/2020

7) Printed Name

Glenn Edwards

9) Phone Number

541-979-4829

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with major credit card. Submit the card number and expiration date on a separate page for your protection.