

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118432

Entity Name: GLOBAL GROUP AMERICA, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

18501 PINES BLVD
SUITE 303
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18501 PINES BLVD
SUITE 300
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-3455029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST INTERNATIONAL CONSULTING, LLC
18501 PINES BLVD
SUITE 337
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ, M. MARIO
Address: 18501 PINES BLVD, SUITE 303
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: PEREZ, MARIO
Address: 18501 PINES BLVD, SUITE 303
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: NICOLAIDES, DAYSI M
Address: 18501 PINES BLVD, SUITE 303
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: M. MARIO PEREZ

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date