

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106359

**Entity Name:** GLOBAL BUSINESS DEVELOPMENT & CONSULTING GROUP,  
L.L.C.**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC3585000443****Current Principal Place of Business:**602 W. BREVARD ST.  
TALLAHASSEE, FL 32304**Current Mailing Address:**195 RONDAK CIRCLE S.E.  
SMYRNA, GA 30080 US**FEI Number: 46-5517739****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WASHINGTON, D. A  
602 W. BREVARD ST.  
TALLAHASSEE, FL 32304 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	ALEXANDER, RYAN L	Name	ALEXANDER, ROBERT L SR., PH.D.
Address	195 RONDAK CIRCLE S.E.	Address	602 W. BREVARD ST.
City-State-Zip:	SMYRNA GA 30080	City-State-Zip:	TALLAHASSEE FL 32304
Title	MANAGER/AUTHORIZED MEMBER		
Name	ALEXANDER, ROBERT L JR., PH.D.		
Address	1087 PARKVIEW PLACE S.E.		
City-State-Zip:	SMYRNA GA 30080		

*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: DR. ROBERT ALEXANDER, JR.****MANAGER/MEMBER****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date