

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106359

**Entity Name:** GLOBAL BUSINESS DEVELOPMENT & CONSULTING GROUP,  
L.L.C.

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC3851846420**

**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  
Name ALEXANDER, RYAN L  
Address 195 RONDAK CIRCLE S.E.  
City-State-Zip: SMYRNA GA 30080

Title AUTHORIZED MEMBER  
Name ALEXANDER, ROBERT L SR., PH.D.  
Address 602 W. BREVARD ST.  
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 L. ALEXANDER, SR.**

**AUTHORIZED MEMBER**

**04/01/2015**

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

\_\_\_\_\_  
Date