

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90348 029 \*\*\*\*50.00

**DOCUMENT #** L01000014442

**1. Entity Name**

AXIS GLOBAL, LLC

**DO NOT WRITE IN THIS SPACE**

955273

**2. Principal Place of Business**

1111 RITZ CARLTON BLVD.

**3. Mailing Address**

1111 RITZ CARLTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

SARASOTA, FL

**City & State**

SARASOTA, FL

**4. FEI Number**

☒ Applied For

☐ Not Applicable

**Zip**

34236

**Country**

US

**Zip**

34236

**Country**

US

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

CT CORPORATIONS SYSTEMS

**Street Address (P.O. Box Number is Not Acceptable)**  
1200 SOUTH PINE ISLAND ROAD

**City**

PLANTATION

**FL**

**Zip Code**  
33324

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

MGRM

WALHOF, CHRISTIAAN G.

1111 RITZ CARLTON BLVD.

SARASOTA, FL 34236

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

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**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

CHRISTIAAN G. WALHOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Daytime Phone #