

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90690 046 \*\*\*\*50.00

**DOCUMENT # L02000003138**

**1. Entity Name**

*GLOBAL PRODUCTS SOLUTIONS, LLC*

**DO NOT WRITE IN THIS SPACE**

**30068203**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

*1434 MANATEE CIR*

Suite, Apt. #, etc.

*1434 MANATEE CIRCLE*

City & State

*TARPON SPRINGS, FL*

City & State

*TARPON SPRINGS, FL*

Zip

*34689*

Country

*USA*

Zip

*34689*

Country

*USA*

**4. FEI Number**

*75-2984524*

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

Name *KENNETH MCKENZIE, JR*

Street Address (P.O. Box Number is Not Acceptable)

*1434 MANATEE CIRCLE*

City

*TARPON SPRINGS*

FL

Zip Code

*34689*

**DO NOT WRITE  
IN THIS SPACE**

**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	<i>MGRM KENNETH MCKENZIE, JR 1434 MANATEE CIRCLE TARPON SPRINGS, FL 34689</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM CHARLES R. MCKENZIE 1972 ROCKY POINTE DR LAKELAND, FL 33813</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

*5/1/03*

Date

*727-871-1022*

Daytime Phone #

CR2E083B (12/01)