

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005527

Entity Name: C.E.M. GLOBAL, L.L.C.

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

6950 NW 77TH CT  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6950 NW 77TH CT  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 27-0004508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJEUNE RD  
SUITE 1101  
MIAMI, FL 33134 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: LEYVA, GIRALDO JR  
Address: 6950 NORTHWEST 77TH COURT  
City-St-Zip: MIAMI, FL 33166

Title: PD ( ) Delete  
Name: LEYVA, GIRALDO  
Address: 6950 NORTHWEST 77TH COURT  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: LEYVA, AURELIO  
Address: 6950 NORTHWEST 77TH COURT  
City-St-Zip: MIAMI, FL 33166

**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: JULIO CACERES

AUD

01/21/2009

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