

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033564

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: GLOBAL SYSTEMS & SUPPLY, LLC

## Current Principal Place of Business:

350 E. LAS OLAS BLVD.  
980  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

3541 N. 53RD AVE.  
HOLLYWOOD, FL 33021

## Current Mailing Address:

350 E. LAS OLAS BLVD.  
980  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

200 SW 1ST AVE.  
12TH FLOOR  
FT. LAUDERDALE, FL 33021

FEI Number: 03-0497118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEISELBERG, SCOTT J  
350 E. LAS OLAS BLVD.  
980  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

WEISELBERG, SCOTT J  
200 SW 1ST AVE.  
12TH FLOOR  
FT. LAUDERDALE, FL 33301 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: SCOTT J. WEISELBERG

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WEISELBERG, SCOTT J  
Address: 350 E. LAS OLAS BLVD., SUITE 980  
City-St-Zip: FT. LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WEISELBERG, SCOTT J  
Address: 3541 N. 53RD AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33301

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: SCOTT J. WEISELBERG

MGRM

04/30/2008

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