


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000000911	
1. Entity Name NET-GLOBAL, LLC	

Principal Place of Business 10330 NW 20TH COURT FT. LAUDERDALE FL 33322-3519 ✓	Mailing Address 10330 NW 20TH COURT FT. LAUDERDALE FL 33322-3519 ✓
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 75-3094132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KASSNER, WILFRIED
10330 NW 20TH COURT
FT. LAUDERDALE FL 33322-3519**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP MGRM KASSNER, WILFRED 10330 NW 20TH COURT SUNRISE FL 33322-3519	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP UD00000610635 02/02/07-80031-003 55.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Wilfred Kassner* **01/22/07** **954-748-4530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #