

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000911

1. Entity Name
NET-GLOBAL, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 PM 4:31

Principal Place of Business
10330 NW 20TH COURT
FT. LAUDERDALE, FL 33322-3519

Mailing Address
10330 NW 20TH COURT
FT. LAUDERDALE, FL 33322-3519



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		12122008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 75-3094132	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KASSNER, WILFRIED 10330 NW 20TH COURT FT. LAUDERDALE, FL 33322-3519		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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 26, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KASSNER, WILFRED 10330 NW 20TH COURT SUNRISE, FL 333223519 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

12/26/2008

Date

Daytime Phone #

954-533-2823