

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90267 011 ****50.00

DOCUMENT # L03000013431

1. Entity Name
GLOBAL TRADEMARK SERVICES, LLC



Principal Place of Business
**5300 NW 33RD AVE
SUITE 202
FORT LAUDERDALE, FL 33309**

Mailing Address
**5300 NW, 33RD AVE
SUITE 202
FORT LAUDERDALE, FL 33309**



2. Principal Place of Business

13412 57th Place S
Suite, Apt. #, etc.

3. Mailing Address

13412 57th Place S
Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

51-0473144

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, ANDRES
5300 NW, 33RD AV.
202
FORT LAUDERDALE, FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FISCHER, ANDRES**
STREET ADDRESS **46 GREENS ROAD**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Andres Fischer

03/11/2006

561-204-1309

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

Date

Daytime Phone #