

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90145 022 ****50.00

DOCUMENT # L03000042017

1. Entity Name
GLOBAL FINANCIAL LOGISTICS GROUP LLC



Principal Place of Business
2640 GOLDEN GATE PARKWAY
205
NAPLES, FL 34105 US

Mailing Address
2640 GOLDEN GATE PARKWAY
205
NAPLES, FL 34105 US



2. Principal Place of Business - No P.O. Box #
2210 Vanderbilt Beach Road

3. Mailing Address
2210 Vanderbilt Beach Road

Suite, Apt. #, etc.
Suite 1203

Suite, Apt. #, etc.
Suite 1203

City & State
Naples, FL

City & State
Naples, FL

Zip
34109

Country

Zip
34109

Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0409250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MALONE, JAMES
2640 GOLDEN GATE PARKWAY
205
NAPLES, FL 34105

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2-22-07 ✓

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MALONE, JAMES R
CITY- ST- ZIP 2640 GOLDEN GATE PARKWAY STE 205
NAPLES, FL 34105 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2210 Vanderbilt Beach Road Suite 1203
CITY- ST- ZIP Naples, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

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

Date

Daytime Phone #

3/22/07 239-649-5863