

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90037 039 ****50.00

DOCUMENT # L04000048168

1. Entity Name

GMP GLOBAL LLC



Principal Place of Business

7025 COUNTY ROD. 46A
SUITE 1071 #338
LAKE MARY FL 32746

Mailing Address

7025 COUNTY ROD. 46A
SUITE 1071 #338
LAKE MARY FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

56-2495289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPA, PETER
1809 E. BROADWAY ST. STE. 333
OVIEDO FL 32765

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PAPA, PETER**
STREET ADDRESS **1809 E. BROADWAY ST. STE. 333**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PAPA, PETER**
STREET ADDRESS **7025 CR 46A, Suite 1071, #338**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **MGRM** ☐ Delete
NAME **PAPA, RANA**
STREET ADDRESS **1809 E. BROADWAY ST. STE. 333**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PAPA, RANA**
STREET ADDRESS **7025 CR 46A, Suite 1071, #338**
CITY-ST-ZIP **Lake Mary, FL 32746**

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CITY-ST-ZIP

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:

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

4/6/06

Date

4076282626

Daytime Phone #