

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # L04000048868

1. Entity Name
VERSA GLOBAL, LLC



Principal Place of Business

13511 PRESTWICK DR
RIVERVIEW, FL 33569

Mailing Address

13511 PRESTWICK DR
RIVERVIEW, FL 33569



04292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0187492

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKEY, DODE
13511 PRESTWICK DR
RIVERVIEW, FL 33569

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ACKEY, DODE
STREET ADDRESS	13511 PRESTWICK DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	NDOUNOU, VICTORIEN
STREET ADDRESS	2570 MUSKINGUM CT
CITY-ST-ZIP	COLUMBUS, OH 43210
TITLE	MGRM
NAME	SANDJI, PATRICK
STREET ADDRESS	4209 WINDING MOSS TRL #205
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patrick Sandji

5/1/06 813-333-9013