2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2007 8:00 am Secretary of State

DOCUMENT # L04000049079 1. Entity Name GLOBAL MARKETING, LLC						02-09-2007	90071 009 ****	50.00
Principal Place of Business 6819 TURNBERRY ISLE CT.		Mailing Address 6819 TURNBERRY ISLE CT.			6001444	11		
BRADENTON,		BRADENTON, FL 34202						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302007	Chg-LLC	CR2E083 (12/06	i)	
City & State		City & State		4. FEI Numbe		- →	Applied For	
Zip Country		Zip	Country			of Status Desired	□ \$5.00 A	dditional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New F	Registered Agent	
				Name				
	ALEX NBERRY ISLE CT. ON, FL 34202	Street Address		ress (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
	,							
				City			FL Zip Co	ode
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	ed office or re	gistered agent, or bot	th, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE Registered	d Agent signatura r	equired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		1						
Fi D:	ling Fee is \$50.00 ue by May 1, 2007						re check payable to a Department of St	
Fi D:	ling Fee is \$50.00 ue by May:1, 2007	RS/MANAGERS	10.				a Department of St	
9. Tijut	ue by May 1, 2007 MANAGING MEMBE MGRM	RS/MANAGERS	10.			Florida	a Department of St	ate
9. TITLE NAME	MANAGING MEMBE MGRM CIACCIO, ALEX		TITLE	E		Florida	a Department of St	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM CIACCIO, ALEX 6819 TURNBERRY ISLE CT.		TITLE NAMI STRE	et address		Florida	a Department of St	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM CIACCIO, ALEX 6819 TURNBERRY ISLE CT. BRADENTON, FL 34202	□ Delete	TITLE NAMI STRE CITY-	ET ADDRESS -ST-ZIP		Florida	a Department of St /CHANGES Chang	e 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-7-07

941-907-2295

Daytime Phone #