

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077192

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** GLOBAL INSURANCE UNDERWRITERS, LLC

**Current Principal Place of Business:**

4901 NW 17TH WAY  
SUITE#402  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

5373 NORTH NOBHILL ROAD  
SUNRISE, FL 33351

**Current Mailing Address:**

4901 NW 17TH WAY  
SUITE#402  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

5373 NORTH NOBHILL ROAD  
SUNRISE, FL 33351

**FEI Number:** 20-1798820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOHAMMED, FAROOQ  
4901 NW 17TH WAY  
SUITE#402  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

MOHAMMED, FAROOQ  
5373 NORTH NOBHILL ROAD  
SUNRISE, FL 33351 US

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.

SIGNATURE: MOHAMMED FAROOQ

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FAROOQ, MOHAMMED  
Address: 4901 NW 17TH WAY, SUITE#402  
City-St-Zip: FT. LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAROOQ, MOHAMMED  
Address: 5373 NORTH NOBHILL ROAD  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MOHAMMED FAROOQ

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date