

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000649

Entity Name: GLOBAL SOLUTIONS LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

222 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

162 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

Current Mailing Address:

222 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Mailing Address:

162 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

FEI Number: 13-4291127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORASKY-GIGLIOTTI, LAURIE
222 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

BORASKY-GIGLIOTTI, LAURIE
162 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORASKY-GIGLIOTTI, LAURIE
Address: 124 FLAMINGO AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: BORASKY, DAVID
Address: 124 FLAMINGO AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURIE BORASKY-GIGLIOTTI

MGR

04/14/2009

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