

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000035197

1. Entity Name
GLOBAL, LLC



FILED

2007 AUG -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
18483 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

Mailing Address
3225 AVIATION AVE
SUITE 304
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6645 NW 77 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

01-0833116

Applied For

Not Applicable

Zip

Country

Zip

33166

Country

U.S.A

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

ARAZOZA & FERNANDEZ-FRAGA, PA
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SMART CENTER HOLDINGS, LLC.
STREET ADDRESS 601 BRICKELL KEY DR., SUITE 604
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE MGR
NAME SMART CENTER HOLDINGS, LLC
STREET ADDRESS 6645 NW 77 Ave
CITY-ST-ZIP MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/18/07

Date

305 860 3091

Daytime Phone #