## 2007 LIMITED LIABILITY COMPANY

4/20/07 90031 - - 023 \$50.00

## **ANNUAL REPORT** DOCUMENT # L05000051246 FILED **GLOBAL SEMISOLUTIONS** 2007 JUN 12 P 12: 49 Principal Place of Business Mailing Address 2385 TAMPA ROAD 2385 TAMPA ROAD SECRETARY OF STATE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 56-2516601 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, THADDEUS M Street Address (P.O. Box Number is Not Acceptable) 2385 TAMPA ROAD PALM HARBOR, FL 34683 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGRM ☐ Delete TITLE ∠K Change TITLE SMITH, THADDEUS M NAME NAME 11506 Fountainhead Drive 26 SUMMIT LN STREET ADDRESS STREET ADDRESS Tample, FL 33026 CITY-ST-ZIP CITY-ST-ZIP SAFETY-HARBOR, FL 34695. ☐ Addition ☐ Change MGRM TITLE Delete TITLE RAMIREZ, ROBERT R NAME NAME 1485 SOUTH DISSTON AVE STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-7IP MGRooKenneth Alvarez Jr. Change ☐ Delete TITLE TITLE NAME NAME 11319 mallory Square Drive #303A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADD

 In the second on this reported true and accurate and that my signature shall have the same legal. bes not qualify for the exemptor. Interned in Chapter 119, Florida Statutes. I further certify that the information lature shall have the same legal coct as if made under oath; that I am a managing member or manager of the do execute this report as required by Chapter 608, Florida Statutes. limited liability comp

CITY-ST-ZIP

**SIGNATURE** 

727-781-6090