2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051246

1. Entity Name
GLOBAL SEMISOLUTIONS, LLC

Principal Place of Business

PALM HARBOR, FL 34683

2385 TAMPA ROAD

1

Mailing Address

2385 TAMPA ROAD

PALM HARBOR, FL 34683

FILED Jun 02, 2008 8:00 am Secretary of State

06-02-2008 90259 032 ***538.75



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number S6-2516601 Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

-6. Name and Address of Current Registered Agent

SMITH, THADDEUS M 2385 TAMPA ROAD

PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

8. The above	e named e	entity submi	its this state	ement for the purpo	se of changing	its registered office o	r registered age	int, or both, in	the State of Florida	. I am familiar w	ith, and accept
the obliga	ations of re	gistered ag	gent.		-	· -	_				
		•	•								
SIGNATURE_		•	•								
											
	Signature, ty	yped or printed	name of registe	red agent and title if appl	cable. (I	NOTE: Registered Agent signat	ure required when rein	nstating)		DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMITH, THADDEUS M
STREET ADDRESS	41506 FOUNTAINHEAD DR. 12605 Bassbrook Lam
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	MGRM
NAME	RAMIREZ, ROBERT R
STREET ADDRESS	1485 SOUTH DISSTON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	MGRM
NAME	ALVAREZ, KENNETH JR. 1212 E. Whiting Str.
STREET ADDRESS	-11319 MALLORY SQUARE DRIVE #303A Unit 404
CITY-ST-ZIP	TAMPA: FL 33635 Tampa, FL. 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAMÉ	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filling does not qualify for the e

DO NOT WRITE IN THIS SPACE

Daytime Phone #

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: Haddeus Smith Haddeus Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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