

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002554

Entity Name: CM GLOBAL SYSTEMS LLC

FILED
Sep 24, 2009
Secretary of State

Current Principal Place of Business:

2755 COZUMEL DR.
1207
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

130 KINGSTOWN COLONY DR.
MARYVILLE, TN 37803

New Mailing Address:

FEI Number: 03-0575670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JIM, DORL
5701 OVERSEAS HIGHWAY
12
MARATHORN, FL 33050 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAPP, DOUGLAS O
Address: 130 KINGSTOWN COLONY DR.
City-St-Zip: MARYVILLE, TN 37803

Title: MGRM () Delete
Name: MAPP, DOUGLAS O II
Address: 130 KINGSTOWN COLONY DR
City-St-Zip: MARYVILLE, TN 37803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: MAPP, CLAUDE D
Address: 2700 FM 802 APT# 1115
City-St-Zip: BROWNSVILLE, TX 78526

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: DOUGLAS MAPP

MGR

09/24/2009

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