2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# L06000025550

Entity Name: GLOBAL HR INVESTIGATIONS LLC

Current Principal Place of Business:

15890 SHADOW RUN CT
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

15890 SHADOW RUN CT
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 20-4459194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CRAWFORD, RICHARD K
15890 SHADOW RUN CT
FT MYERS, FL 33912 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: ADELHELM, WILLIAM
Address: 27499 RIVERVIEW CENTER BLVD. 210
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR ( ) Delete
Name: CRAWFORD, RICHARD K
Address: 15890 SHADOW RUN COURT
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRAWFORD, RICHARD K
Address: 15890 SHADOW RUN CT
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR (X) Change ( ) Addition
Name: ADELHELM, WILLIAM J
Address: 11119 WINE PALM RD
City-St-Zip: FORT MYERS, FL 33966 US

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: RICHARD K. CRAWFORD MGR 06/12/2009

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