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Aug 20, 2007 8:00 am
Secretary of State
07-24-2007 90011 032 ****50.00

30012357

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038734

1. Entity Name
CSC GLOBAL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
3221 MARCELLUS CIRCLE / Changed: 13506 Summer Park Village Parkway Windermere FL 34786 → Suite 149 TAMPA, FL 33609	3221 MARCELLUS CIRCLE TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13506 Summerport Village Pkwy	13506 Summerport Village Parkway
Suite, Apt. #, etc.: 149	Suite, Apt. #, etc.: Suite 149
City & State: Windermere FL	City & State: Windermere FL
Zip: 34786 Country: USA	Zip: 34786 Country: USA

07112007 Chg-LLC CR2E083 (12/06)

TM ID 20-4695851

4. FEI Number [redacted] Applied For / Not Applicable

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
INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761	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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: STEYN, CRISTIN M STREET ADDRESS: 28 BRACKEN HILL ROAD CITY-ST-ZIP: HAMBURG, NJ 07419	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: CHANDLALL, SONIA STREET ADDRESS: 3221 MARCELLUS CIRCLE CITY-ST-ZIP: TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Cristin Steyn — Cristin Steyn, Managing Director — 7/16/07 — 407 803 2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #