2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# L06000038734

Entity Name: CSC GLOBAL SOLUTIONS, LLC

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
149
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY
149
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-4695851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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:	MGRM	( ) Delete
Name:	STEYN, CRISTIN M	
Address:	11402 BECKLEY WOOD CT	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGRM	( ) Delete
Name:	CHANDLALL, SONIA	
Address:	3221 MARCELLUS CIRCLE	
City-St-Zip:	TAMPA, FL 33609	
Title:	MGRM	(X) Delete
Name:	WALLACE, BETH	
Address:	965 BRIGHTWATER CIR	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

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

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: CRISTIN STEYN MGRM 06/20/2008

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