


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90208 048 ****50.00

DOCUMENT # L06000049365 1. Entity Name GLOBAL TELECOM DISTRIBUTORS, LLC			
Principal Place of Business 3772 PARKRIDGE CIR SARASOTA, FL 34243 US		Mailing Address 3772 PARKRIDGE CIR SARASOTA, FL 34243 US	
2. Principal Place of Business - No P.O. Box # 3772 Parkridge Cir. Suite, Apt. #, etc.		3. Mailing Address 3772 Parkridge Cir Suite, Apt. #, etc.	
City & State Sarasota, FL 2 Zip 34243 Country US		City & State Sarasota, FL Zip 34243 Country US	
4. FEI Number 75-3217256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCH, DEVIN M 3772 PARKRIDGE CIR SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Devin Bosch</u>		<u>3/12/07</u>	<u>941-718-0337</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #