


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 044 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L06000061509</b><br>1. Entity Name<br><b>GLOBAL TECH SERVICES, LLC</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>8421 ABBINGTON CIRCLE, #421<br/>NAPLES, FL 34108</b>   |  |  | Mailing Address<br><b>8421 ABBINGTON CIRCLE, #421<br/>NAPLES, FL 34108</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>   |  |  | 3. Mailing Address<br><br>   |   |  |
| Suite, Apt. #, etc.<br><br>  |  |  | Suite, Apt. #, etc.<br><br>  |   |  |
| City & State<br><br>   |  |  | City & State<br><br>   |   |  |
| Zip<br><br>  |  | Country<br><br>  |  | Zip<br><br>   |  |
| Country<br><br>  |  | Country<br><br>  |  | 4. FEI Number<br><b>20-5124952</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | \$5.00 Additional<br>Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BURKE, WILLIAM M<br/>C/O GOODLETTE, COLEMAN &amp; JOHNSON, P.A.<br/>4001 TAMiami TRAIL NORTH, SUITE 300<br/>NAPLES, FL 34103</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City<br><br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>MUKHERJEE, ASHISH K</b><br><b>8421 ABBINGTON CIRCLE, #421</b><br><b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>Ashish K. Mukherjee</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | <b>2/21/07</b><br><small>Date</small>                                      |   | <b>239-596-0552</b><br><b>201-941-6543</b><br><small>Daytime Phone #</small> |