

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000115913

FILED  
May 15, 2008  
Secretary of State

**Entity Name:** GLOBAL COMMERCE PARTNERS, LLC

**Current Principal Place of Business:**

7450 TRANSOM COURT  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

7450 TRANSOM COURT  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 76-0837929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

NELSON, MICHAEL E  
7450 TRANSOM COURT  
TAMPA, FL 33607      US

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: MICHAEL E. NELSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: NELSON, MICHAEL E  
Address: 7450 TRANSOM COURT  
City-St-Zip: TAMPA, FL 33607

Title: MGRM      ( ) Delete  
Name: BROWN, ABDEL-AZIM  
Address: 4511 COUNTRY GATE COURT  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

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: MICHAEL E. NELSON

MGRM

05/15/2008

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