


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000009633		
1. Entity Name GLOBAL ASSETS LLC		


Principal Place of Business 11902 BUTLERWOODS CIRCLE RIVERVIEW, FL 33569	Mailing Address 11902 BUTLERWOODS CIRCLE RIVERVIEW, FL 33569
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2008 NOV -4 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRISTOPHER, JORDON 11902 BUTLERWOODS CIRCLE RIVERVIEW, FL 33569		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 Christopher Jordan (NOTE: Registered Agent Signature required when reinstating) DATE 10/27/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTLEY, MANHERTZ 11816 STONEWOOD GATE DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137492862 10/30/08--01045--005 **143.75	<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: Hunter M. Hertz Hunter M. Hertz Date 10-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #