

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000034195

FILED
Dec 18, 2009
Secretary of State

Entity Name: GLOBAL CONSULTING & DEVELOPMENT, LLC

Current Principal Place of Business:

300 PEACHTREE STREET
SUITE 3-L
ATLANTA, GA 30308

New Principal Place of Business:

170 BUCKHORN TRL
FAYETTEVILLE, GA 30214 US

Current Mailing Address:

P. O. BOX 1143
FAIRBURN, GA 30213

New Mailing Address:

FEI Number: 20-8756408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MOORMAN, DIANE
11650 MARSH ELDER DRIVE
JACKSONVILLE, FL 32226 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: DIANNE MOORMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CULBERTH, JOHN
Address: 300 PEACHTREE STREET, SUITE 3-L
City-St-Zip: ATLANTA, GA 30308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CULBERTH, JOHN
Address: 170 BUCKHORN TRL.
City-St-Zip: FAYETTEVILLE, GA 30214 US

Title: EX D () Change (X) Addition
Name: JACKSON, L. H.
Address: 307 PERSIMMON
City-St-Zip: THOMASVILLE, GA 31792

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: JOHN CULBRETH

MGR.

12/18/2009

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