

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90254 050 \*\*\*138.75

**DOCUMENT # L07000055151**

1. Entity Name  
GLOBAL INVESTMENTS & SOLUTIONS, L.L.C.



Principal Place of Business  
2315 NW 107 AVE, BOX 46, SUITE 2M-23  
DORAL, FL 33172

Mailing Address  
2315 NW 107 AVE, BOX 46, SUITE 2M-23  
DORAL, FL 33172

500006701



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
68-0651643

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSTANTIN, TONY  
1932 DREW STREET  
6  
CLEARWATER, FL 33765

Name Tony Constantin  
Street Address (P.O. Box Number is Not Acceptable)  
2315 NW 107 Ave, Box 46, Suite 2M-23  
City DORAL FL 33172

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 [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR	CONSTANTIN, TONY	2315 NW 107 AVE, BOX 46, SUITE 2M-23	DORAL, FL 33172	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4/29/08  
Date

Daytime Phone #