

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

01-16-2008 90052 014 ***138.75

DOCUMENT # L07000070370

1. Entity Name
GLOBALEX FIRE AND SAFETY PRODUCTS LLC



Principal Place of Business
**8600 NW 53 TERRACE
SUITE 101
MIAMI, FL 33166 US**

Mailing Address
**8600 NW 53 TERRACE
SUITE 101
MIAMI, FL 33166 US**

30002798



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

3. Mailing Address

* Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-0489283

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

**HUME, JOHN
1401 UNIVERSITY DRIVE
402
CORAL SPRINGS, FL 33071**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**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 MGR ☐ Delete
NAME MALDONADO, FERNANDO
STREET ADDRESS 8600 NW 53 TERRACE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33166

TITLE MMGR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/2008
1/9/2008

Date

954-755-5154

Daytime Phone #

John Hume, Authorized Representative