

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-02-2008 90014 041 ***138.75

DOCUMENT # L07000119019

1. Entity Name

WERTHEIM GLOBAL SOLUTIONS LLC



Principal Place of Business

19101 MYSTIC POINT DRIVE
UNIT 812
AVENTURA FL 33180

Mailing Address

19101 MYSTIC POINT DRIVE
UNIT 812
AVENTURA FL 33180

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

1st MOORE

CR2E083 (10/07)

4. FEI Number

261482822

Applied For

Not Applicable

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

WERTHEIM, JOSHUA W
19101 MYSTIC POINT DRIVE
UNIT 812
AVENTURA FL 33180

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, print or printed name of registered agent is not applicable

(NOTE: Registered Agent's signature required when re-registering)

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: MEMBER MGR. ☐ Delete
NAME: JOSHUA WERTHEIM
STREET ADDRESS: 19101 MYSTIC POINT DR, UNIT 812
CITY-ST-ZIP: AVENTURA FL 33180

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/27/08 917463 9462

Date

Control Panel