2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L08000040275

Entity Name: GLOBAL SOLUTIONS 4, LLC.

Current Principal Place of Business:

6601 LYONS ROAD
C-5
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6601 LYONS ROAD
C-5
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 45-0593561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIEVES, YOLANDA
10751 FOX GLEN DRIVE
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MILLER, JACQUELINE N	
Address:	7001 NW 70TH STREET	
City-St-Zip:	PARKLAND, FL 33067	
Title:	MGR	( ) Delete
Name:	NIEVES, ROSA	
Address:	8729 CHEVY CHASE DRIVE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	NIEVES, YOLANDA	
Address:	10751 FOX GLEN DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	NIEVES, ROLANDO	
Address:	22290 WOODSPRING DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	MARTORANO, LESLIE	
Address:	22290 WOODSPRING DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	MICHAEL & DEBRA ROSENFELD	
Address:	21254 FALLS RIDGE WAY	
City-St-Zip:	BOCA RATON, FL 33428	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JACQUELINE N, MILLER CEO 04/14/2009

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