

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071654

FILED
Apr 14, 2009
Secretary of State

Entity Name: LSI GLOBAL SOLUTIONS, LLC.

Current Principal Place of Business:

12020 N.W. 18TH STREET
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

12020 N.W. 18TH STREET
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 26-3100662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

STEINBERG, MARC S MGR
12020 NW 18TH STREET
PLANTATION, FL 33323 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: MARC STEINBERG

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEINBERG, MARC
Address: 12020 N.W. 18TH STREET
City-St-Zip: PLANTATION, FL 33323

Title: MGR () Delete
Name: WATSON, MICHAEL
Address: 12020 N.W. 18TH STREET
City-St-Zip: PLANTATION, FL 33323

Title: S () Delete
Name: STEINBERG, MARC
Address: 12020 N.W. 18TH STREET
City-St-Zip: PLANTATION, FL 33323

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:

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: MARC STEINBERG

MGR

04/14/2009

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