

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095526

Entity Name: TUNGSTEN GLOBAL LLC

FILED  
Feb 27, 2009  
Secretary of State

## Current Principal Place of Business:

9737 NW 41 ST.  
STE: 407  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

9737 NW 41 ST.  
STE: 407  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VYASULU, RAMA  
9737 NW 41 ST.  
STE: 407  
MIAMI, FL 33178 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: VYASULU, RAMA  
Address: 9737 NW 41 ST. STE: 407  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VYASULU, RAMA  
Address: 9737 NW 41 ST. STE: 407  
City-St-Zip: MIAMI, FL 33178 US

Title: MGR ( ) Change (X) Addition  
Name: VYASULU, ASTRID  
Address: 375 SW 113 WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGR ( ) Change (X) Addition  
Name: VYASULU, ADRIANNE  
Address: 375 SW 113 WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: RAMA VYASULU

MGRM

02/27/2009

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