## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000104408

City-St-Zip:

MGR

Title:

Name:

Address:

City-St-Zip:

Entity Name: GLOBAL CLIMATE SOLUTIONS, LLC

CORAL GABLES, FL 33134 US

ORDENES, AUDREY C

1740 SW 31 AVENUE

MIAMI, FL 33145 US

(X) Delete

FILED May 01, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
		15 MADEIRA AVENUE #6
,,		CORAL GABLES, FL 33134 US
Current N	lailing Address:	New Mailing Address:
		15 MADEIRA AVENUE
MIAMI, FL 33145 US		#6 CORAL GABLES, FL 33134 US
FEI Number		
		• • •
4920 SW	AVENUE HAMI, FL 33145 US  wrrent Mailing Address:  AVENUE HAMI, FL 33145 US  wrrent Mailing Address:  AVENUE HAMI, FL 33145 US  WRW Mailing Address:  AVENUE HAMI, FL 33145 US  BI Number:  FEI Number Applied For ( )  CORAL GABLES, FL 33134 US  BI Number:  FEI Number Applied For ( )  CORAL GABLES, FL 33134 US  BI Number:  FEI Number Applied For ( )  CORAL GABLES, FL 33134 US  BI Number:  FEI Number Applied For ( )  CORAL GABLES, FL 33134 US  Certificate of Status Desired (X)  Certificate of Status Desired (X)  Certificate of Status Desired (X)  Ame and Address of New Registered Agent:  Name and Address of New Registered Agent:  AVENUE HAMI, FL 33143 US  ANAISHOR MEMBERS/MANAGERS:  BIECTONIC Signature of Registered Agent  ADDITIONS/CHANGES:  BIECTONIC Signature of Registered Agent  ADDITIONS/CHANGES:  BIECTONIC Signature of Registered Agent  ADDITIONS/CHANGES:  BIECTONIC SIGNATURE  BIECTONIC SIGNATURE  BIECTONIC SIGNATURE  BIECTONIC SIGNATURE  BIECTONIC SIGNATURE TITLE:  CITY STATES ADDITIONS/CHANGES:  ADDITIONS/CHANGES:  BIECTONIC SIGNATURE ADDITIONS/CHANGES:  CITY STATES ADDITIONS/CHANGES:  BIECTONIC SIGNATURE ADDITIONS/CHANGES:  CITY STATES ADDITIONS/CHANGES:  CITY STATES ADDITIONS/CHANGES:  BIECTONIC SIGNATURE ADDITIONS/CHANGES:  CITY STATES ADDITIONS/CHANGES  CORAL GABLES, FL 33134 US  CORAL GAB	
		the purpose of changing its registered office or registered agent, or bo
SIGNATU	RE:	
	Electronic Signature of Registered	d Agent Date
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title:	* /	( /
Name:	· · · · · · · · · · · · · · · · · · ·	
City-St-Zip:	IVIIAIVII, FL 33143 US	City-St-Zip.
Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	BAGUE, IRELA M	Name:
Address:	15 MADEIRA AVENUE, SUITE 6	Address:

City-St-Zip:

() Change () Addition

Title:

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: JENNY MAY MS. 05/01/2009