

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102232

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GLOBAL CONSTRUCTION COALITION, LLC

**Current Principal Place of Business:**

45 IMANI CIRCLE  
MIDWAY, FL 32343

**New Principal Place of Business:**

1432 BRECK STREET  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

45 IMANI CIRCLE  
MIDWAY, FL 32343

**New Mailing Address:**

1432 BRECK STREET  
TALLAHASSEE, FL 32310

**FEI Number:** 27-3456284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, ROOSEVELT  
550 PONDEROSA CIRCLE  
MIDWAY, FL 32343 US

**Name and Address of New Registered Agent:**

BANKS, CHAD  
11754 GRAZING BUCK LANE  
TALLAHASSEE, FL 32317 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:** CHAD BANKS

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BANKS, CHAD  
**Address:** 11754 GRAZING BUCK LANE  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** MGRM  
**Name:** GLENN, FREDDIE  
**Address:** 2600 BRIGHTON ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** MGRM  
**Name:** STEVENS, SAMUEL  
**Address:** 45 IMANI CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32343

**Title:** MGRM  
**Name:** BANKS, CEDRIC  
**Address:** 10543 CASANOVA DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32317

I hereby 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:** CHAD BANKS

MGRM

04/29/2011

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