

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000046880

**FILED**  
**May 25, 2012**  
**Secretary of State**

**Entity Name:** GLOBAL TAX AND FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

4699 N STATE RD 7  
|  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

2033 N UNIVERSITY DR  
SUNRISE, FL 33322 US

**Current Mailing Address:**

4699 N STATE RD 7  
|  
TAMARAC, FL 33319 FL

**New Mailing Address:**

2033 N UNIVERSITY DR  
SUNRISE, FL 33322 US

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

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

MAMONVIL, NICOLAS  
3537 WILES RD  
205  
COCONUT CREEK, FL 33073 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: MGR  
Name: MAMONVIL, NICOLAS  
Address: 2033 N UNIVERSITY DR  
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM  
Name: CLODANIE, DELHOMME  
Address: 2033 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM  
Name: DONY, JOSEPH  
Address: 2033 N UNIVERSITY DR  
City-St-Zip: SUNRISE, FL 33322

Title: MGRM  
Name: SAMUEL, PLAISIR  
Address: 2033 N UNIVERSITY DR  
City-St-Zip: SUNRISE, FL 33322

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: NICOLAS MAMONVIL                      MGR                      05/25/2012

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