

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000569

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLOBAL SERVICE GROUP, L.C.

Current Principal Place of Business:

617 DANUBE AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

617 DANUBE AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3449538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER H. C. DRAKEFORD, JR
1668 HERCULES AVE
E
CLEARWATER, FL, FL 33765 US

Name and Address of New Registered Agent:

WALTER H. C. DRAKEFORD, JR
1668 HERCULES AVE
E
CLEARWATER,, FL 33765 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: W.H.C. DRAKEFORD, JR

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAGWELL, JAMES F
Address: PO BOX 20225
City-St-Zip: TAMPA, FL 33622

Title: MGRM () Delete
Name: GUIDO, GREGORY F
Address: 5818 AUDUBON MANOR BLVD.
City-St-Zip: LITHIA, FL 33547

Title: MGRM () Delete
Name: MORGAN, C. (CHIP) C
Address: 617 DANUBE AVE
City-St-Zip: TAMPA, FL 33606

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: J, BAGWELL

MR

04/30/2009

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