

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90036 026 \*\*\*\*50.00

**DOCUMENT # L98000002425**

1. Entity Name  
GLOBAL ORDNANCE, L.L.C.



Principal Place of Business  
11399 16TH COURT N. SUITE 200  
ST. PETERSBURG, FL 33716

Mailing Address  
11399 16TH COURT N. SUITE 200  
ST. PETERSBURG, FL 33716

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
59-3542126

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAMEORN DEL S Dameron**  
11399 16TH COURT NORTH, SUITE 200  
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, MICHAEL S 10101 M.L.K ST. NORTH SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11399 16th Court North, Suite 200 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITED, GARY L 10101 M.L.K ST NORTH SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11399 16th Court North, Suite 200 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGNIEFSKI, TIMOTHY 10101 DR MLK ST NORTH SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11399 16th Court North, Suite 200 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGMON, URI 64 BIALIK BLVD RAMET-HASHARON, ISRAEL, 47100 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Yossi Kravits 64 Bialik Blvd. Ramet-Hasharon, Israel, 47100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVISON, MICHAEL S 7910 WOOMONT AVE., STE. 1 BETHESDA, MD 20814 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Eli Gold 64 Bialik Blvd. Ramet-Hasharon, Israel, 47100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DASHT, SHOMRON 64 BIALIK BLVD. RAMAT-HASHARON, ISRAEL, 47100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGR Eli Gold 64 Bialik Blvd. Ramet-Hasharon, Israel, 47100

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** **Gary L. Whited**  
Manager

**SIGNATURE:** **Lisa Golden/Paralegal**  
727-578-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_