

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90030 003 ****50.00

DOCUMENT # L99000004200

1. Entity Name
SBS GLOBAL, LC



Principal Place of Business
800 N. HIGHLAND AVE., STE. #200
ORLANDO, FL 32803 US

Mailing Address
800 N. HIGHLAND AVE., STE. #200
ORLANDO, FL 32803 US

DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3592948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLTON, MICHELLE
800 N. HIGHLAND AVENUE
200
ORLANDO, FL 32803

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHIRA, NICOLE MGR
STREET ADDRESS 800 N. HIGHLAND AVE., STE. #200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE MGR
NAME CARLTON, MICHELLE MGR
STREET ADDRESS 800 N. HIGHLAND AVE., STE. #200
CITY-ST-ZIP ORLANDO, FL 32803

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

Michelle Carlton, Manager
MICHELLE CARLTON, MGR

4/22/05

407-292-7717