

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005072

Entity Name: GLOBAL GP LLC**Current Principal Place of Business:**800 SOUTH STREET
SUITE 500
WALTHAM, MA 02453**Current Mailing Address:**800 SOUTH STREET
SUITE 500
WALTHAM, MA 02453 US**FEI Number:** 14-1924242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name ALFRED A. SLIFKA 1990 TRUST
UNDER ARTICLE II-A
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title MEMBER
Name SLIFKA, RICHARD
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title MEMBER
Name AS MONTELLO IRREVOCABLE TRUST
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title MEMBER
Name RS MONTELLO IRREVOCABLE TRUST
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title MEMBER
Name LAREA HOLDINGS LLC
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title MEMBER
Name LAREA HOLDINGS II LLC
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

Title AUTHORIZED PERSON
Name GEARY, SEAN T.
Address 800 SOUTH STREET
SUITE 500
City-State-Zip: WALTHAM MA 02453

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAN T. GEARY**AUTHORIZED PERSON****02/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date