

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000957

**Entity Name:** GEOGLOBAL PARTNERS LLC

**Current Principal Place of Business:**

1727 OLD OKECCHOBEE ROAD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1727 OLD OKECCHOBEE ROAD  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 33-1059291

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** HARRY B DAVIS, ASST. VP

01/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                           |
|-----------------|--------------------------|-----------------|---------------------------|
| Title           | MANAGER                  | Title           | MEMBER, AUTHORIZED PERSON |
| Name            | WARD, DOUGLAS            | Name            | OWEN, DANIEL              |
| Address         | 1727 OLD OKECCHOBEE ROAD | Address         | 1727 OLD OKECCHOBEE ROAD  |
| City-State-Zip: | WEST PALM BEACH FL 33409 | City-State-Zip: | WEST PALM BEACH FL 33409  |
|                 |                          |                 |                           |
| Title           | CEO                      |                 |                           |
| Name            | SZABADOS, ANDREAS        |                 |                           |
| Address         | 1727 OLD OKECCHOBEE ROAD |                 |                           |
| City-State-Zip: | WEST PALM BEACH FL 33409 |                 |                           |

*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:** DANIEL OWEN

MEMBER

01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date