

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100731

Entity Name: COM CONSULTING, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

9363 FONTAINBLEAU BLVD., #H-104
MIAMI, FL 33172

New Principal Place of Business:

11233 NW 50 TERR.
DORAL, FL 33178

Current Mailing Address:

9363 FONTAINBLEAU BLVD., #H-104
MIAMI, FL 33172

New Mailing Address:

11233 NW 50 TERR.
DORAL, FL 33178

FEI Number: 74-3191947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUHAMMAD, ADEL J
2315 NW 107TH AVENUE STE 1M-17
DORAL, FL 33172 US

Name and Address of New Registered Agent:

MEJIAS, CARLOS
11233 NW 50 TERR.
DORAL, FL 33178 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: CARLOS MEJIAS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEJIAS, CARLOS O
Address: 9363 FONTAINBLEAU BLVD., #H-104
City-St-Zip: MIAMI, FL 33172

Title: MGRM (X) Delete
Name: MUHAMMAD, ADEL J
Address: 2315 NW 107TH AVE. STE 1M-17
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COM INTERNATIONAL CO, RP.
Address: 11233 NW 50 TERR.
City-St-Zip: DORAL, FL 33178

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: COM INTERNATIONAL CORP

MGR

04/30/2008

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