

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100577

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** ON LINE CONSULTANCIES (FLORIDA), LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 39-2065036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUESMANN, NICOLE J  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** YEARWOOD, KORI E  
**Address:** 150 ALHAMBRA CIRCLE, SUITE 1150  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR ( ) Delete  
**Name:** PILE, EMMA J  
**Address:** 150 ALHAMBRA CIRCLE, SUITE 1150  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:** NICOLE J. HUESMANN

RA

02/20/2008

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