

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086516

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** LEGAL FORENSIC AUDITORS, LLC

**Current Principal Place of Business:**

5979 VINELAND ROAD  
ORLANDO, FL 32819

**New Principal Place of Business:**

2828 SAINT BARTS SQ.  
VERO BEACH, FL 32967 UN

**Current Mailing Address:**

5979 VINELAND ROAD  
ORLANDO, FL 32819

**New Mailing Address:**

2828 SAINT BARTS SQ.  
VERO BEACH, FL 32967 UN

FEI Number: 27-3281674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DEPPE, MARC R  
5979 VINELAND RD.  
ORLANDO, FL 32819 US

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

DEPPE, MARC R  
2828 SAINT BARTS SQUARE  
VERO BEACH, FL 32967 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

02/24/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CUSTOMER HARVEST, LLC  
Address: 2828 SAINT BARTS SQUARE  
City-St-Zip: VERO BEACH, FL 32967

I hereby 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: MARC DEPPE

MGRM

02/24/2012

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