

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059931

FILED  
May 01, 2007  
Secretary of State

Entity Name: E.S.L. CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

791 CRANDON BOULEVARD APT 1402  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

1101 BRICKELL AVENUE  
STE. N800  
MIAM, FL 33131

**New Mailing Address:**

169 EAST FLAGLER STREET  
STE 800  
MIAMI, FL 33131 US

FEI Number: 20-1608680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CANO, LUIS A  
791 CRANDON BOULEVARD APT 1402  
KEY BISCAYNE, FL 33149 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: MGRM ( ) Delete  
Name: CANO, LUIS A  
Address: 791 CRANDON BOULEVARD APT 1402  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: TRUJILLO, MARIA P  
Address: 791 CRANDON BOULEVARD APT 1402  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: CANO, SAMUEL  
Address: 791 CRANDON BOULEVARD APT 1402  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: CANO, EDUARDO  
Address: 791 CRANDON BOULEVARD APT 1402  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

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

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: LUIS A CANO

MGRM

05/01/2007

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