

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112697

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** FINANCIAL OVERSEAS CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

14601 HOTEL ROAD  
SUITE 107  
MIRAMAR, FL 33027

**New Principal Place of Business:**

14601 SW 29TH STREET  
SUITE 107  
MIRAMAR, FL 33027

**Current Mailing Address:**

14601 HOTEL ROAD  
SUITE 107  
MIRAMAR, FL 33027

**New Mailing Address:**

14601 SW 29TH STREET  
SUITE 107  
MIRAMAR, FL 33027

**FEI Number:** 26-3842972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABEZA, MANUEL E ESQUIRE  
255 UNIVERSITY DRIVE  
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: MGRM ( ) Delete  
Name: RENTERIA, CLEOBULO  
Address: 4526 SW 179TH WAY  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete  
Name: RENTERIA, ZOBEIDA  
Address: 1237 NW 170TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

**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: ZOBEIDA RENTERIA

MGRM

03/30/2009

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