

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000064954

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** COLWAY BUSINESS CONSULTING LLC

**Current Principal Place of Business:**

4877 LA FRANCE AVE.  
NORT PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

4877 LA FRANCE AVE.  
NORT PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 45-2460150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAPATA, AHMED A SR.  
4877 LA FRANCE AVE  
NORT PORT, FL 34286 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  
**Name:** ZAPATA, AHMED A SR.  
**Address:** 4877 LA FRANCE AVE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** MGR  
**Name:** RODRIGUEZ, MARINA E MRS  
**Address:** 4877 LA FRANCE AVE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** MGR  
**Name:** ZAPATA, DUVAN C MR.  
**Address:** 4877 LA FRANCE AVE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** MGR  
**Name:** ZAPATA, SERGIO A MR.  
**Address:** 57-23 PENROD ST.  
**City-St-Zip:** CORONA, NY 11368

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:** AHMED ZAPATA

MGR

03/23/2012

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