

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000027020

**Entity Name:** ETN CONSULTING LLC

**Current Principal Place of Business:**

3619 S.W. NATURA AVE.  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

3619 S.W. NATURA AVE.  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 27-2101591

**Certificate of Status Desired:** No

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

NANOS, ELLIOT T  
3619 S.W. NATURA AVE.  
DEERFIELD BEACH, FL 33441 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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NANOS, ELLIOT T  
Address 3619 S.W. NATURA AVE.  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MMBR  
Name NANOS, ALEXA  
Address 3619 SW NATURA AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MMBR  
Name PARSONS, DIANE T  
Address 198 BOSTON TPK  
City-State-Zip: COVENTRY CT 06238

Title MMBR  
Name NANOS, THOMAS J  
Address 330BURNHAM RD  
City-State-Zip: LEBANON CT 06249

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLIOT T NANOS

**OPERATING MANAGER**

**01/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date