

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000004518

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC8733685724**

**Entity Name:** A. HERRERA LYNCH & ASSOCIATES CONSULTING LLC

**Current Principal Place of Business:**

9100 SOUTH DADELAND BLVD., SUITE 1600  
C/O BENJAMIN BOHLMANN  
MIAMI, FL 33156

**Current Mailing Address:**

9100 SOUTH DADELAND BLVD., SUITE 1600  
C/O BENJAMIN BOHLMANN  
MIAMI, FL 33156

**FEI Number:** 27-4524718

**Certificate of Status Desired:** Yes

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 COHEN, AGUEDA ISABEL MD  
Address 2001 NANTUCKET DR. A  
City-State-Zip: HOUSTON TX 77057

Title MGR  
Name HARTZ-RUBISNTEIN, NATAN MD  
Address 23 WAVERLY PLACE  
City-State-Zip: NEW YORK NY 10003

Title MGR  
Name PECCHIO VINCENTI, CLAUDIA  
Address 179 CANTERBURY GATE  
City-State-Zip: LYNBROOK NY 11563

Title MGR  
Name DELMONT, JACQUELINE  
Address 55 NORTH MAIN ST.  
City-State-Zip: FREEPORT NY 11520

Title MGR  
Name BOHLMANN, BENJAMIN DCPA  
Address 9100 SOUTH DADELAND BLVD.,  
SUITE 1600  
City-State-Zip: MIAMI FL 33156

Title MANAGER  
Name HERRERA MORENO , ORIANA  
Address 38 WEST 70 STREET #2  
City-State-Zip: NEW YORK NY 10023

Title OWNER  
Name HERRERA MORENO, JULIA M DR.  
Address 38 WEST 70TH STREET  
APT.2  
City-State-Zip: NEW YORK NY 10023

*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:** JULIA M HERRERA MORENO

**OWNER**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date