

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000005610

**Entity Name:** XTREME BUSINESS CONSULTANTS, LLC**Current Principal Place of Business:**1525 NW 3RD ST SUITE #9  
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1525 NW 3RD ST SUITE #9  
DEERFIELD BEACH, FL 33442 US**FEI Number:** 45-4243396**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAPUTO, ROBERTA  
1525 NW 3RD ST  
SUITE #9  
DEERFIELD BEACH, FL 33442 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:** ROBERTA CAPUTO

03/03/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title MGRM  
Name JOHNSON, CANDYCE  
Address 1335 CRYSTAL WAY  
City-State-Zip: DELRAY BEACH FL 33444Title MGRM  
Name GAGLIARDI, PATRICK  
Address 6157 PETALUMA DRIVE  
City-State-Zip: BOCA RATON FL 33433Title MGRM  
Name CAPUTO, ROBERTA  
Address 1525 NW 3RD ST SUITE #9  
City-State-Zip: DEERFIELD BEACH FL 33442Title MGRM  
Name ARD, JOHN  
Address 1124 NE 13 AVE  
City-State-Zip: FORT LAUDERDALE FL 33308

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK GAGLIARDI

MGRM

03/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date