

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 019 ****55.00

DOCUMENT # L01000009472

1. Entity Name

M&T Consulting Group, LLC

DO NOT WRITE IN THIS SPACE

954031

2. Principal Place of Business

23123 State Road 7

3. Mailing Address

Suite, Apt. #, etc.

Suite 305B

Suite, Apt. #, etc.

City & State

Boca Raton, Fl

City & State

Zip

33428

Country

USA

Zip

Country

4. FEI Number

65-1112495

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Roderman, Santucci & Long LLP

Street Address (P.O. Box Number is Not Acceptable)

888 East Las Olas Blvd.

Suite 601

City

Ft. Lauderdale

FL

Zip Code
33301

8. 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

Signature, typed or printed name of registered agent and title if applicable.

3-19-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Mgr.

Danny Carver

23123 State Road 7, Suite 305B

Boca Raton, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-19-02

Date

(561) 451-1404

Daytime Phone #

CR2E083B (12/01)