

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013227

FILED
May 03, 2007
Secretary of State

Entity Name: BLUE ATLANTIC CONSULTING, LLC

Current Principal Place of Business:

11555 HERON BLVD.
SUITE # 200
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

11555 HERON BLVD.
SUITE # 200
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 65-1128770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AVILA, ORLANDO
11555 HERON BLVD.
SUITE # 200
CORAL SPRINGS, FL 33076 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVILA, ORLANDO
Address: 12051 GLENMONE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33070

Title: MEM () Delete
Name: AVILA, ORLANDO A
Address: 12051 GLENMORE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33070

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVILA, ORLANDO
Address: 12051 GLENMONE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33070

Title: MGRM (X) Change () Addition
Name: AVILA, ORLANDO A
Address: 12051 GLENMORE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ORLANDO AVILA

MGRM

05/03/2007

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