LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUN 25 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016862

1. Entity Name
GORDON MANAGEMENT CONSULTANTS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1455 TALLEVAST ROAD	1455 TALLEVAST ROAD
Suite, Apt. #, etc.: STE L8319	Suite, Apt. #, etc: STE L8319
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34243 Country: USA	Zip: 34243 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSEPH EVANS

Street Address (P O Box Number is Not Acceptable)

1455 Tallevast Road, STE # L8319

City: SARASOTA FL Zip Code: 34243

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] June 9 '04
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

U00000141860
04/30/04-80029-003 350.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rios Juliao, Zaida Elina Heritage Plaza, Suite 532, Main St. Charlestown, Nevis, WI	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Boncamper, Irvin Heritage Plaza, Suite 532, Main St. Charlestown, Nevis, WI	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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: Zaida E. Rios — Zaida Elina Rios Juliao — April 21, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #