

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018098

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** BUSINESS CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

3161 LOOKOUT TRAIL  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3161 LOOKOUT TRAIL  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 13-4259858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COZZOCREA, DAVID P  
1400 METROPOLITAN BLVD.  
SUITE 210  
TALLAHASSEE, FL 32308 US

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

COZZOCREA, DAVID P  
3161 LOOKOUT TRAIL  
TALLAHASSEE, FL 32309 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: \_\_\_\_\_

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COZZOCREA, DAVID P  
Address: 3161 LOOKOUT TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID P. COZZOCREA

MGR

01/15/2008

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