## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000020994

1. Entity Name

APPLIED SOLUTIONS CONSULTING, LLC

FILED
Jan 20, 2006 08:00 AM
Secretary of State

Principal Place of Business

18455 MIRAMAR PKWY, #150 MIRAMAR, FL 33029 Mailing Address

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

18455 MIRAMAR PKWY, #150 MIRAMAR, FL 33029



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1158896 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONNE, ANTONELLA 19219 SW 29TH COURT MIRAMAR, FL 33029

SIGNATURE:

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1/12/06

Date

(954)436-2113

Daytime Phone #

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, typed or printed name of registered agent and little if applicable.	(NOTE. Registered Agent signature required when reinstating)  DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ARONNE, ANTONELLA	
STREET ADDRESS	19219 SW 29TH COURT	
CITY-S7-ZIP	MIRAMAR, FL 33029	
TITLE	MGRM	IJ1/24/IJ6-8ÜÜ\$9-U24 SO.OO
NAME	ALHADEFF, DAN	
STREET ADORESS	19219 SW 29TH COURT	
CATY-ST-ZIP	MIRAMAR, FL 33029	
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NAME		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		