

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012173

FILED  
May 01, 2004  
Secretary of State

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

**Current Principal Place of Business:**

273 CORYDON DR  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

273 CORYDON DR  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 02-0611157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEVAY, MARGARITA M  
Address: 134 SALAMANCA AVE. #5A  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: LEVAY, CARLOS A  
Address: 134 SALAMANCA AVE. #5A  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVAY, MARGARITA M  
Address: 273 CORYDON DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGRM (X) Change ( ) Addition  
Name: LEVAY, CARLOS A  
Address: 273 CORYDON DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** MARGARITA M LEVAY

MGRM

05/01/2004

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