

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013013

Entity Name: PINNACLE CONSULTING, LLC

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

2765 NE 14TH ST.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

2087 NW 2ND AVENUE
MIAMI, FL 33127

Current Mailing Address:

2765 NE 14TH ST.
FT. LAUDERDALE, FL 33304

New Mailing Address:

2087 NW 2ND AVENUE
MIAMI, FL 33127

FEI Number: 75-3059038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINO, LUIS A
2765 NE 14 STREET
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

D'AGOSTINO, LUIS A
2087 NW 2ND AVENUE
MIAMI, FL 33127 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: LUIS A. D'AGOSTINO

02/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'AGOSTINO, LUIS A
Address: 2765 NE 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR (X) Delete
Name: D'AGOSTINO, GUADALUPE M
Address: 2765 NE 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: D'AGOSTINO, LUIS A
Address: 2087 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

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: LUIS A. D'AGOSTINO

MGRM

02/08/2009

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