## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000013013

1. Entity Name

## PINNACLE CONSULTING, LLC



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90026 016 \*\*\*\*50.00

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incipal Place	of Business	Mailing Address			,				
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Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Numb	4. FEI Number 75-3-59038		oplied For ot Applicable	
Zip Country.		~ Zip~	~ Zip Country.		5. Certificate of Status Desired				
	6. Name and Address of C	urrent Registered Agent			7. Name an	d Address of New Register	red Agent		
	o. Hame and Address of G	<u> </u>		Name	· · · · · · · · · · · · · · · · · · ·				
D'AGOSTINO, LUIS A 17555 COLLINS AVE STE. 307				Street Address (P.O. Box Number is Not Acceptable)					
SUNN	Y ISLES BEACH FL 33160						Zip Cod		
				City		,	FL   Zip Cod	e	
. The above r	named entity submits this state	ment for the purpose of changing	g its registe	ered office or regist	tered agent, or b	oth, in the State of Florida. I	am familiar with,	and accept	
NONATURE.	Signature, typed or printed name of register		(NOTE: Baoisti	ered Agent signature requi	ired when reinstating)	D <sub>r</sub>	ATE		1
	Signature, typed or printed name of register		<del></del>					-	
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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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