FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90760 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018987

30060726

1. Entity Name
CB CONSULTING, LLC

Principal Place of Business	Mailing Address
3236 HERONS POINT CIRCLE KISSIMMEE, FL 34741	3236 HERONS POINT CIRCLE KISSIMMEE, FL 34741

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
13160 HEATHER MOSS DRIVE		13160 HEATHER MOSS DRIVE	
Suite, Apt. #, etc.: 219		Suite, Apt. #, etc.: 219	
City & State: ORLANDO FL		City & State: ORLANDO - FL	
Zip: 32837	Country: USA	Zip: 32837	Country: USA

4. FEI Number: 57-1145491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MGRM CLIFF BEISER 13160 HEATHER MOSS DR 219 ORLANDO FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MGRM CLIFF BEISER 13160 HEATHER MOSS DR 219 ORLANDO FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cliff Beiser CLIFF BEISER 4-21-2003 407-492-8926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #