LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)"

FILED Apr 28, 2003 8:00 am Secretary of State

DOCUMENT # L02000034601 1. Entity Name N & A CONSULTING, LLC				04-07-2003 90	0615 037 ***150.00
DO NOT WRITE IN THIS SPACE				55032077	
2. Principal Place of Business 314 SE 13 STREET Suite, Apt. #, etc.		3. Mailing Address 214 SE 13 * Since? Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
FORT LAW COOK FL		FORT LINDSEPHIO, PL		4. FEI Number 01-0958956	Applied For - Not Applicable
Zip 33	316 Country USA	^{Zip} 333 Kp	ountry S A	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			Name D	7. Name and Address of Current Register	ed Agent
DO NOTEWRITE Street Address (P.O. Box Number is Not Acceptable)					
INTHIS SPACE					
					Zin Codo
7.				DIERO ALC FI	
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 Sophiar and or prince have described and the projection.					
FEE-IS \$50.00) Make Check: Payable to Frontial Department of State: DUE:BY/MAY.1					
9. TITLE	MANAGING MEMBER		The substitute of the same		
NAME	Phol Lo. Noberta		IAME		200
STREET ADDRESS CITY-ST-ZIP	FORT LOS DEVE	I	TY-ST-ZIP		838
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NAME STREET ADDRESS		E Please	REET ADDRESS		
CITY-ST-ZIP		(ci	TY ST (IP)		
indicated	errify that the information supplied with thi on this report is true and accurate and tha	is tiling does not qualify for the ex at my signature shall have the sar	remption stated in Sect me legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further cer de under oath; that I am a managing membe	tify that the information er or manager of the

SIGNATURE: TOUR NAME OF SIGNING MANAGEN OR AUTHORIZED REPRESENTATIVE DIM