

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004624

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: EVALUATION CONSULTING, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD, STE #203  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

1611 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133 US

**Current Mailing Address:**

2199 PONCE DE LEON BLVD, STE #203  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

1611 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133 US

FEI Number: 11-3688901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBELO, GABRIEL C  
2199 PONCE DE LEON BLVD, STE #203  
CORAL GABLES, FL 33134 US

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

ALBELO, GABRIEL C  
1611 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33134 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: GABRIEL ALBELO

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALBELO, GABRIEL C  
Address: 1611 SOUTH BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33133 US

**ADDITIONS/CHANGES:**

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: GABRIEL ALBELO

PRES

03/19/2009

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