

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006898

Entity Name: AML CONSULTING, LLC

FILED  
Jun 05, 2005  
Secretary of State

**Current Principal Place of Business:**

465 FIFTH STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

465 FIFTH STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 11-3679993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LANG-LUBOVICH, ANDREA  
465 FIFTH STREET  
SAFETY HARBOR, FL 34695      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: LANG-LUBOVICH, ANDREA  
Address: 465 FIFTH STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM      ( ) Delete  
Name: LUBOVICH, MICHAEL  
Address: 465 FIFTH STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREA LANG-LUBOVICH

MGMR

06/05/2005

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