

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006898

Entity Name: AML CONSULTING, LLC

FILED
May 01, 2007
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/MANAGERS:

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 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: ANDREA LANG-LUBOVICH

MS.

05/01/2007

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