

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000183

FILED
Apr 08, 2005
Secretary of State

Entity Name: MAUSEN CONSULTING, LLC

Current Principal Place of Business:

32801 HIGHWAY 441 NORTH, #207
OKEECHOBEE, FL 34972

New Principal Place of Business:

32801 HIGHWAY 441 NORTH, #293
OKEECHOBEE, FL 34972

Current Mailing Address:

32801 HIGHWAY 441 NORTH, #207
OKEECHOBEE, FL 34972

New Mailing Address:

32801 HIGHWAY 441 NORTH, #293
OKEECHOBEE, FL 34972

FEI Number: 20-0561636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A ESQ.
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

WALKER, MITCHEL A
32801 HWY 441 N.
#293
OKEECHOBEE, FL 34972 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: MITCHEL WALKER

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WALKER, MITCHEL A
Address: 32801 HWY 441 N. #293
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Change (X) Addition
Name: MASUEN, MICHELE A
Address: 32801 HWY 441 N. #293
City-St-Zip: OKEECHOBEE, FL 34972

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: MICHELE MASUEN

MGRM

04/08/2005

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