

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000183

FILED
Apr 17, 2006
Secretary of State

Entity Name: MAUSEN CONSULTING, LLC

Current Principal Place of Business:

32801 HIGHWAY 441 NORTH, #293
OKEECHOBEE, FL 34972

New Principal Place of Business:

32801 HWY 441 N.
293
OKEECHOBEE, FL 34972

Current Mailing Address:

32801 HIGHWAY 441 NORTH, #293
OKEECHOBEE, FL 34972

New Mailing Address:

5079 N. DIXIE HWY
323
OAKLAND PARK, FL 33334

FEI Number: 20-0561636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: WALKER, MITCHEL A
Address: 32801 HWY 441 N. #293
City-St-Zip: OKEECHOBEE, FL 34972

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

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 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: MICHELE MASUEN

MGRM

04/17/2006

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