

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000000183

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** MASUEN CONSULTING, LLC

**Current Principal Place of Business:**

5079 N. DIXIE HIGHWAY  
SUITE 323  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

5079 N. DIXIE HIGHWAY  
SUITE 323  
OAKLAND PARK, FL 33334

**New Mailing Address:**

**FEI Number:** 20-0561636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOHLER, TODD  
5079 N. DIXIE HWY., SUITE 323  
OAKLAND PARK, FL 33334 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  
**Name:** WALKER, MITCHEL A  
**Address:** 642 YATES ROAD  
**City-St-Zip:** NEWPORT, WA 99156

**Title:** MGRM  
**Name:** MASUEN, MICHELE  
**Address:** 642 YATES ROAD  
**City-St-Zip:** NEWPORT, WA 99156

**Title:** MGRM  
**Name:** MOHLER, TODD  
**Address:** 5079 N. DIXIE HWY. #323  
**City-St-Zip:** OAKLAND PARK, FL 33334

**Title:** MGRM  
**Name:** SMITH, AARON  
**Address:** 37130 OAK LANE  
**City-St-Zip:** UMATILLA, FL 32784

I hereby 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

01/07/2010

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