

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019754

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIRST FLORIDA CONSULTING GROUP LLC

Current Principal Place of Business:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

1304 SW 4TH AVE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

New Mailing Address:

1304 SW 4TH AVE
FORT LAUDERDALE, FL 33315

FEI Number: 20-0891734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUFFIA, ALEXANDER
608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

CUFFIA, GIANCARLO
1304 SW 4TH AVE
FORT LAUDERDALE, FL 33315 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: GIANCARLO CUFFIA

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUFFIA, ALEXANDER
Address: 608 SW 4 TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUFFIA, ALEXANDER
Address: 1304 SW 4TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM () Change (X) Addition
Name: CUFFIA, GIANCARLO
Address: 1304 SW 4TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33315

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: GIANCARLO CUFFIA

MGRM

04/22/2009

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