

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030822

FILED
Apr 23, 2009
Secretary of State

Entity Name: LOUIS FINANCIAL CONSULTING LLC

Current Principal Place of Business:

267 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

267 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-0104239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPERTHENIER, LOUIS W
267 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

EPERTHENER, LOUIS W SR
267 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986 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: LOUIS W. EPERTHENER SR

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EPERTHENER, LOUIS W
Address: 267 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: EPERTHENER, GLORIA SANTOS
Address: 267 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EPERTHENER, LOUIS W SR
Address: 267 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

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: LOUIS W. EPERTHENER SR

MGRM

04/23/2009

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