

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035897

FILED
Jan 04, 2008
Secretary of State

Entity Name: SPHERE BUSINESS CONSULTING, LLC

Current Principal Place of Business:

8349 SW 84TH TERRACE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8349 SW 84TH TERRACE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-1147148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JETHANI, DIMPLE I
8349 SW 84TH TERRACE
MIAMI, FL 33143 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: SSP, INC.,
Address: 12000 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: DIJ, INC.,
Address: 901 BRICKELL KEY BOULEVARD, SUITE 207
City-St-Zip: MIAMI, FL 33131

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PICCOLO, SAMUEL S
Address: 12000 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM (X) Change () Addition
Name: JETHANI, DIMPLE I
Address: 8349 SW 84TH TERRACE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Change (X) Addition
Name: PICCOLO, MARILYN M
Address: 12000 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33176

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: DIMPLE JETHANI

MGRM

01/04/2008

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