

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90192 047 ****50.00

DOCUMENT # L04000049480

1. Entity Name
INTERNATIONAL CONSULTING & INVESTING LLC



Principal Place of Business
**610 NORTH DIXIE HIGHWAY
LANTANA, FL 33462**

Mailing Address
**610 NORTH DIXIE HIGHWAY
LANTANA, FL 33462**

2. Principal Place of Business
**1801 S. FEDERAL HWY
SUITE 300**

3. Mailing Address
**1801 S. FEDERAL HWY.
SUITE 300**

City & State
DELRAY BEACH, FL
Zip **33483** Country **USA**

City & State
DELRAY BEACH, FL
Zip **33483** Country **USA**

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1328920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARK, MICHAEL G ESQ.
610 NORTH DIXIE HIGHWAY
LANTANA, FL 33462**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**1801 S. FEDERAL HWY
SUITE 300
City DELRAY BEACH FL Zip Code 33483**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDSTEIN, JON
610 NORTH DIXIE HIGHWAY
LANTANA, FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1801 S. FEDERAL HWY., STE 300
DELRAY BEACH, FL 33483** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/30/06 561-582-4434