

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066343

FILED
Apr 28, 2008
Secretary of State

Entity Name: BATTAGLIA CONSULTING, LLC

Current Principal Place of Business:

1950 WHISPERING PINES PT
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1950 WHISPERING PINES PT
ENGLEWOOD, FL 34223

New Mailing Address:

1950 WHISPERING PINES PT
ENGLEWOOD, FL 34223

FEI Number: 20-1580920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIA, DOUGLAS S
1950 WHISPERING PINES PT
ENGLEWOOD, FL 34223 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: BATTAGLIA, DOUGLAS S
Address: 1950 WHISPERING PINES PT.
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: BATTAGLIA, KARI A
Address: 1950 WHISPERING PINES PT
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS S BATTAGLIA

MGRM

04/28/2008

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