

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076065

FILED
Apr 23, 2009
Secretary of State

Entity Name: BREAK THROUGH CONSULTING LLC

Current Principal Place of Business:

6399 W. HERITAGE DRIVE
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

6399 W. HERITAGE DRIVE
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 20-3572970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNING, GREG S
6399 W. HERITAGE DRIVE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

DOWNING, GREGORY S
6399 W. HERITAGE DRIVE
HOMOSASSA, FL 34448 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: GREGORY S DOWNING

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOWNING, GREG S
Address: 110 NORTH CRESCENT DRIVE
City-St-Zip: CRYSTAL SPRINGS, FL 34429

Title: VP () Delete
Name: DOWNING, TIFFANY R
Address: 6399 W. HERITAGE DRIVE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOWNING, GREGORY S
Address: 6399 W. HERITAGE DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: MGRM (X) Change () Addition
Name: DOWNING, TIFFANY R
Address: 6399 W. HERITAGE DRIVE
City-St-Zip: HOMOSASSA, FL 34448

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: GREGORY S DOWNING

MGRM

04/23/2009

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