

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076065

**FILED**  
**Apr 27, 2010**  
**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, GREGORY S  
6399 W. HERITAGE DRIVE  
HOMOSASSA, FL 34448 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  
**Name:** DOWNING, GREGORY S  
**Address:** 6399 W. HERITAGE DRIVE  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** MGRM  
**Name:** DOWNING, TIFFANY R  
**Address:** 6399 W. HERITAGE DRIVE  
**City-St-Zip:** HOMOSASSA, FL 34448

I hereby 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

04/27/2010

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