## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000034107

FILED Feb 04, 2009 Secretary of State

Entity Name: MILERSEN COMPLIANCE AND CONSULTING LLC

**New Principal Place of Business: Current Principal Place of Business:** 10 ARAGON AVENUE 1101 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 10 ARAGON AVENUE CORAL GABLES, FL 33134 FEI Number: 20-2677597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BETANCOURT, OCTAVIO 10 ARAGON AVENUE, #1101 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BETANCOURT, OCTAVIO Name: Name: Address: 10 ARAGON AVENUE # 1101 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MORALES, IRA Name: Address: 10 ARAGON AVENUE # 1101 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SALGAR, JORGE Name: Name: 10 ARAGON AVENUE # 1101 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 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: OCTAVIO BETANCOURT MR 02/04/2009