

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034107

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** MILERSEN COMPLIANCE AND CONSULTING LLC

**Current Principal Place of Business:**

10 ARAGON AVENUE  
1101  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

10 ARAGON AVENUE  
1101  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2677597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETANCOURT, OCTAVIO  
10 ARAGON AVENUE, #1101  
CORAL GABLES, FL 33134 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:** BETANCOURT, OCTAVIO  
**Address:** 10 ARAGON AVENUE # 1101  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** MORALES, IRA  
**Address:** 10 ARAGON AVENUE # 1101  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** SALGAR, JORGE  
**Address:** 10 ARAGON AVENUE # 1101  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** OCTAVIO BETANCOURT

MR

03/23/2010

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