

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 29, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L05000036819**

1. Entity Name  
**E & M CONSULTING LLC**



Principal Place of Business

**PALMETTO WEST PARK  
7830 NW 46 STREET  
MIAMI, FL 33166**

Mailing Address

**PALMETTO WEST PARK  
7830 NW 46 STREET  
MIAMI, FL 33166**



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2708287**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	URDANETA, ELENA
STREET ADDRESS	10630 NW 52 TERRACE
CITY - ST - ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	MORALES, MERCEDES
STREET ADDRESS	2200 BRICKELL AVE., SUITE 5
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	MGRM
NAME	MORALES, RICARDO
STREET ADDRESS	5099 NW 7TH STREET, SUITE 507
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/07-80004-008 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/19/07 305-4069991**

Date

Daytime Phone #