


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90023 007 ****50.00

DOCUMENT # L05000040451	
1. Entity Name ARCADE CONSULTANTS OF AMERICA, LLC	

Principal Place of Business 5620 SE SCHOONER OAKS WAY STUART, FL 34997	Mailing Address 5620 SE SCHOONER OAKS WAY STUART, FL 34997
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2081032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAFENBERG, RICHARD 5620 SE SCHOONER OAKS WAY STUART, FL 34997		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAFENBERG, RICHARD 5620 SE SCHOONER OAKS WAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Date:** **4/17/06** **Daytime Phone #** _____

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