

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047794

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: VILLARREAL CONSULTING, LLC

**Current Principal Place of Business:**

850 E. CHURCH STREET  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

850 E. CHURCH STREET  
BARTOW, FL 33830

**New Mailing Address:**

FEI Number: 51-0557240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

VILLARREAL, VINCENT  
850 E. CHURCH STREET  
BARTOW, FL 33830      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:**

Title: MGRM      ( ) Delete  
Name: VILLARREAL, VINCENT  
Address: 850 E. CHURCH STREET  
City-St-Zip: BARTOW, FL 33830

Title: MGRM      ( ) Delete  
Name: VILLARREAL, JANET  
Address: 850 E. CHURCH STREET  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: VINCENT VILLARREAL

MR

07/07/2008

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