

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049128

Entity Name: LCDI CONSULTING LLC

FILED  
Jul 17, 2008  
Secretary of State

**Current Principal Place of Business:**

105 NE 19TH AVENUE APT 254D  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

105 NE 19TH AVENUE APT 254D  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 20-2866358      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:**

LEVINE, EDITH  
105 NE 19TH AVENUE APT 254D  
DEERFIELD BEACH, FL 33441      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: LEVINE, EDITH  
Address: 105 NE 19TH AVENUE APT 254D  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR      ( ) Delete  
Name: LEVINE, MICHAEL  
Address: 105 NE 19TH AVE APT 254-D  
City-St-Zip: DEERFIELD BEACH, FL 33441

**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: MICHAEL LEVINE

MGR

07/17/2008

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