

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 27, 2008 08:00 AM
Secretary of State**DOCUMENT # L05000051896**

1. Entity Name

INVESTMENT CONSULTING, LLC



Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

01002008 No Chg-LLC

CR2ED03 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5060013

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134**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 fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.759. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BOTERO, BERNARDO
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
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CITY-ST-ZIP	

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04/10/08-80004-019 138.75**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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Bernardo Botero 3/19/08 305-444-1741