

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058003

FILED  
Jun 03, 2007  
Secretary of State

**Entity Name:** CUSTOMER EXPERIENCE CONSULTING, LLC

**Current Principal Place of Business:**

724 MARSH COVE LANE  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

724 MARSH COVE LANE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 20-3069021      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:**

KUWAHARA, RENEE F  
137 DEER HAVEN DR.  
PONTE VEDRA BEACH, FL 32082 US

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

KUWAHARA, RENEE F  
724 MARSH COVE LN  
PONTE VEDRA BEACH, FL 32082 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: RENEE KUWAHARA

06/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KUWAHARA, RENEE F  
Address: 137 DEER HAVEN DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KUWAHARA, RENEE F  
Address: 724 MARSH COVE LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: RENEE KUWAHARA

MGRM

06/03/2007

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