

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063386

FILED  
May 11, 2008  
Secretary of State

**Entity Name:** ESSENTIAL SERVICES CONSULTING LLC

**Current Principal Place of Business:**

141 NW 117TH TR.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

141 NW 117TH TR.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 84-1683395      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:**

ANDERSON, CARLA  
141 NW 117TH TR  
CORAL SPRINGS, FL 33071      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: MGR      ( ) Delete  
Name: ANDERSON, CARLA  
Address: 141 NW 117TH TR.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR      (X) Delete  
Name: ANDERSON, OWEN  
Address: 141 NW 117TH TR.  
City-St-Zip: CORAL SPRINGS, FL 33071

**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: CARLA ANDERSON

MGR

05/11/2008

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