

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068452

FILED  
Jun 20, 2008  
Secretary of State

**Entity Name:** METROPOLITAN CONSULTING, LLC

**Current Principal Place of Business:**

5047 TERRA LAKE CIR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

5047 TERRA LAKE CIR  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 73-1664143      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:**

NGUYEN, DANH  
5047 TERRA LAKE CIR  
PENSACOLA, FL 32507      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: NGUYEN, DANH  
Address: 5047 TERRA LAKE CIR  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM      ( ) Delete  
Name: LE, PHUONG  
Address: 5047 TERRA LAKE CIR  
City-St-Zip: PENSACOLA, FL 32507

**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: DANH NGUYEN

MGR

06/20/2008

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