

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 025 ***143.75

DOCUMENT # L05000072166

1. Entity Name
CONSULTING AND MANAGEMENT, LLC



Principal Place of Business
2602 W. COMENCHE AVE.
TAMPA, FL 33614

Mailing Address
2602 W. COMENCHE AVE. P.O. BOX
TAMPA, FL 33614 1134, LUTZ
FL 33548



08082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOMBARDO, JOSEPH
2602 W. COMENCHE AVE.
TAMPA, FL 33614

**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 reinstating)

DATE

8-12-08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LOMBARDO, JOSEPH
2602 W. COMENCHE AVE.
TAMPA, FL 33614

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CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

8-12-08 (813) 843-2430