

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077850

Entity Name: KITA CONSULTING, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1544 CASA PARK CIRCLE
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

8612 CLAIBORNE CT,
ORLANDO, FL 32825 US

Current Mailing Address:

1544 CASA PARK CIRCLE
WINTER SPRINGS, FL 32708 US

New Mailing Address:

8612 CLAIBORNE CT,
ORLANDO, FL 32825 US

FEI Number: 47-0959061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, OMAR
1544 CASA PARK CIRCLE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

DELIZ, MICHAEL A
8612 CLAIBORNE CT,
ORLANDO, FL 32825 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: MICHAEL DELIZ

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DELIZ, MICHAEL A
Address: 1544 CASA PARK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR (X) Delete
Name: CORTES, OMAR
Address: 1544 CASA PARK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELIZ, MICHAEL A
Address: 8612 CLAIBORNE CT,
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL DELIZ

MGR

04/24/2006

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