

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90375 008 \*\*\*\*50.00

**60049243**



04262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000103912</b> 1. Entity Name <b>CHATTERBOX CONSULTING LLC</b>			
Principal Place of Business <b>211 LAKE POINTE DRIVE #110 OAKLAND PARK, FL 33309</b>		Mailing Address <b>211 LAKE POINTE DRIVE #110 OAKLAND PARK, FL 33309</b>	
2. Principal Place of Business - No P.O. Box # <b>4060 NW 31<sup>st</sup> Terr.</b> Suite, Apt. #, etc. <b># 4</b>		3. Mailing Address <b>4060 NW 31<sup>st</sup> Terr.</b> Suite, Apt. #, etc. <b># 4</b>	
City & State <b>Lauderdale Lakes</b>		City & State <b>Lauderdale Lakes</b>	
Zip <b>33309</b>		Zip <b>33309</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4032894</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITE, TAMEKA 211 LAKE POINTE DRIVE #110 OAKLAND PARK, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>Tameka White</b> Street Address (P.O. Box Number is Not Acceptable) <b>4060 NW 31<sup>st</sup> Terrace</b> <b># 4</b> City <b>Lauderdale Lakes</b> <b>FL</b> Zip Code <b>33309</b>	
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 <u><i>T White</i></u> DATE <u>04.26.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, TAMEKA 211 LAKE POINTE DRIVE #110 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR White, Tameka 4060 NW 31 <sup>st</sup> Terrace, # 4 Lauderdale Lakes, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREEN, KERRY 3321 NW 47TH TERR. #229 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>T White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>04.26.07</u> Daytime Phone # <u>754-422-2106</u>	