

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105729

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NEW TREND CONSULTING LLC

**Current Principal Place of Business:**

7400 NW 29TH ST  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

7400 NW 29TH ST  
MARGATE, FL 33068 US

**New Mailing Address:**

FEI Number: 03-0608718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, WILLIAM J III  
1514 NE 5TH CT  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: DAVIS, WILLIAM J III  
Address: 1514 NE 5TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGR ( ) Delete  
Name: WEST, CARLTON  
Address: 7400 NW 29TH ST  
City-St-Zip: MARGATE, FL 33068 US

Title: MGR ( ) Delete  
Name: BACKER, PATRICE  
Address: 4005 TURQUOISE TRAIL  
City-St-Zip: WESTON, FL 33331 US

**ADDITIONS/CHANGES:**

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

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: PATRICE BACKER

MGR

04/15/2009

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