

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113347

FILED  
May 04, 2008  
Secretary of State

**Entity Name:** EASTERN ATLANTIC CONSULTANTS, LLC.

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE.  
378  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVE.  
378  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 20-3838258      **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:**

KINEN, PHILIP  
12157 W. LINEBAUGH AVE  
378  
TAMPA, FL 33626 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: KINEN, PHILIP  
Address: 12157 W. LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM ( ) Delete  
Name: IVAN DE LA GUARDIA,  
Address: 12157 W. LINEBAUGH AVE #378  
City-St-Zip: TAMPA, FL 33626

**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: IVAN DE LA GUARDIA

MGRM

05/04/2008

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