

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000113347

**FILED**  
**Sep 19, 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 ( )****Name and Address of Current Registered Agent:**KINEN, PHILIP  
12157 W. LINEBAUGH AVE  
378  
TAMPA, FL 33626 US**Name and Address of New Registered Agent:**DE LA GUARDIA, IVAN  
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: IVAN DE LA GUARDIA

09/19/2008

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 33626Title: MGRM (X) Delete  
Name: IVAN DE LA GUARDIA,  
Address: 12157 W. LINEBAUGH AVE #378  
City-St-Zip: TAMPA, FL 33626**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: DE LA GUARDIA, IVAN  
Address: 12157 W. LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33626Title: ( ) 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

PRES

09/19/2008

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