2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L0600007205



FILED Apr 09, 2008 8:00 am Secretary of State

1. Entity Nam BALSAMI	ELLO CC	DNSULTING LLC					-09-2006 9	70124 040	3 130	1.73
Principal Place of Business 14721 TUDOR CHASE DR. TAMPA, FL 33626			Mailing Address 14721 TUDOR CHASE DR. TAMPA, FL 33626			LOTYAN				
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102008 CI	ng-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Number 20-421782:	2			plied For t Applicable
Zip		Country	Zip	Countr	у	5. Certificate of Sta		<u> </u>	5.00 Add ee Required	
	6. Name	and Address of Curren	t Registered Agent		Niema	7. Name and Addi	ess of New Re	gistered A	ent	
BALSAME	LLO, CHE	RYL R		Name						
14721 TUI TAMPA, F	DOR CHA				Street Address	s (P.O. Box Number is N	lot Acceptable)) 		
		45			City			FL	Zip Code)
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:									-	
	- Signature, typed	or printed name or registered age	The block applicable.	E. riogistario	- Monte or Manage and an	red when remaining)				
FILE After May	NOWIII	FEE IS \$138.75 Fee will be \$538.7	75			The state of the s	Florida	check pa Departme	yable to nt of State	
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75	PERS/MANAGERS	10.			Make Florida	check pa Departme	yable to nt of State	
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.7 MANAGING MEME	75	10. TITLE			Florida ADDITIONS/	check pa Departme	yable to	Addition
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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: Chuyles	Cheryl & Babanello	4/10/08	813-792-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMBÉR, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone ∉