

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # L06000011349**  
 1. Entity Name  
**RUSCHE CONSULTING, LLC**

|   |   |
|---|---|
| Principal Place of Business<br><b>641 SEGOVIA COURT NE<br/>ST. PETERSBURG, FL 33703</b> | Mailing Address<br><b>641 SEGOVIA COURT NE<br/>ST. PETERSBURG, FL 33703</b> |
|---|---|



01202008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>20-4293970</b> | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
**RAHDERT, GEORGE K  
 535 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33701**

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>RUSCHE, SHARON<br/>641 SEGOVIA COURT NE<br/>ST. PETERSBURG, FL 33703</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 01/30/08-80029-022 143.75

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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:** *Sharon Rusche* **1/21/08** **727-520-7677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #