## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000011349**

1. Entity Name RUSCHE CONSULTING, LLC



FILED Jan 25, 2008 08:00 AN Secretary of State

Principal Place of Business

641 SEGOVIA COURT NE ST. PETERSBURG, FL 33703 Mailing Address

641 SEGOVIA COURT NE ST. PETERSBURG, FL 33703



01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4293970 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701

TO NOT WRITE IN THIS SPACE

| 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   |   |                        |                                 |                     |  |   |
|--|---|------------------------|---------------------------------|---------------------|--|---|
|  | ions of registered agent.   |                        |                                 |                     | en e   |   |
| SIGNATURE  |   | 4 -                    |                                 | ·                   |  |   |
|  | Signature, typed or printed name of registered agent and title if applicable. ( | (NOTE: Registered Ager | nt signature required when rein | estating)           | DATE                                       |   |
| Ett 5  | NOMBLEEFIC #120 ZE  | ş                      |                                 |                     |  |   |
|  | NOW!!! FEE IS \$138.75<br>71, 2008 Fee will be \$538.75                         | · ·                    |                                 |                     |  |   |
|  |   |                        |                                 |                     |  |   |
| 9  | MANAGING MEMBERS/MANAGERS   |                        |                                 |                     |  | _ |
| TITLE  | MGR   | · · · · ·              |                                 |                     |  |   |
| NAME   | RUSCHE, SHARON  |                        |                                 |                     |  |   |
| STREET ADDRESS   | 641 SEGOVIA COURT NE  |                        |                                 |                     |  |   |
| CITY <sub>E</sub> ST-ZIP   | ST. PETERSBURG, FL 33703  |                        |                                 |                     |  |   |
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| NAME   |   |                        |                                 | UUUUU<br>Oo 200 200 | 0798471<br>0 00000 000 440 75              |   |
| STREET ADDRESS   |   | ľ                      |                                 | 61736768            | 3-80029-022 143.75                         |   |
| CHY-ST-ZIP   |   |                        |                                 |                     |  | i |
| TITLE  |   |                        |                                 |                     |  | i |
| NAME<br>STREET ADDRESS   |   | 1                      |                                 |                     |  |   |
| CITY-ST-ZIP  |   | Ē                      | Į.                              | JO MOT              | MANTE                                      |   |
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| CITY-ST-ZIP  |   |                        |                                 |                     |  |   |
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| NAME   |   |                        |                                 |                     |  | i |
| STREET ADDRESS   |   | i i                    |                                 |                     |  |   |
| CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·   |                        |                                 |                     |  |   |
| IIIE: 12   | TOTAL CONTRACTOR STATE  |                        |                                 |                     |  |   |
| NAME   | ીના પ્રેસની પાસ તતારા માટે છે.  | Į.                     |                                 |                     |  | 1 |
| STREET ADDRESS   |   |                        |                                 |                     |  | į |
| CITY: ST-ZIP   |   |                        |                                 |                     |  |   |
| 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. |   |                        |                                 |                     |  |   |