

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017842

Entity Name: BANA CONSULTING, LLC

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

1951 NW 184TH STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1951 NW 184TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-3828548 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:

CARTER, ANTHONY
1951 NW 184TH STREET
MIAMI, FL 33056 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: CARTER, ANTHONY
Address: 1951 NW 184TH STREET
City-St-Zip: MIAMI, FL 33056

Title: MGR () Delete
Name: CARTER, AYESHA
Address: 1951 NW 184TH STREET
City-St-Zip: MIAMI, FL 33056

Title: MGRM () Delete
Name: AKINNUNNI, GERMINI
Address: 2958 SUMTER 23
City-St-Zip: COATOPA, AL 35470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AYESHA CARTER

MM

08/28/2008

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