


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State


08-01-2007 90015 017 ****50.00

DOCUMENT # L06000021448	
1. Entity Name LAGNEL CONSULTING LLC	

Principal Place of Business 5401 BENT GRASS DRIVE SARASOTA, FL 34235	Mailing Address 5401 BENT GRASS DRIVE SARASOTA, FL 34235
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60054031



07262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4530446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NEL, LOUIS A 5401 BENT GRASS DRIVE SARASOTA, FL 34235	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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: *Louis Nel* **7/28/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEL, LOUIS A 5401 BENT GRASS DRIVE SARASOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Louis Nel* **7/28/2007** **(941) 735-0354**

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