2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000021448 1. Entity Name LAGNEL CONSULTING LLC					08-01-200	07 90015 017 ***:	*50.00	
Principal Place of Business 5401 BENT GRASS DRIVE SARASOTA, FL 34235		Mailing Address 5401 BENT GRASS DRIVE SARASOTA, FL 34235		1 1 1 1 1 1 1 1 1 1	60054			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07262007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number	453 044	//. 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Nama	7. Name and A	ddress of New R	Registered Agent		
NE! LOUI	SΔ		Name	Name				
NEL, LOUIS A 5401 BENT GRASS DRIVE SARASOTA, FL 84235			Street Address	(P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
the obligat SIGNATURE	named entity submits this statement for ions of registered agent.	Lours. 16	EL		in the State of Flo	orida. I am familiar with,	and accept	
Filling Fee is \$50.00 Due by September 14, 2007			E: Registered Agent signature requi	ed with temstating)		, DAIL		
Fil Due t	ing Fee is \$50.00 by September 14, 2007					re check payable to a Department of Stat	e	
Due t	by September 14, 2007	ERS/MANAGERS	10.		Florida	a Department of Stat	е	
Fil Due t	ing Fee is \$50.00 by September 14, 2007 MANAGING MEMBE		10.			a Department of Stat	e Addition	
Due t	y September 14, 2007 MANAGING MEMBE	ERS/MANAGERS			Florida	a Department of Stat		
9.	MANAGING MEMBE		TITLE		Florida	a Department of Stat		
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE MGR NEL, LOUIS A 5401 BENT GRASS DRIVE		TITLE NAME STREET ADDRESS		Florida	a Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBE MGR NEL, LOUIS A 5401 BENT GRASS DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of Stat /CHANGES Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR NEL, LOUIS A 5401 BENT GRASS DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	a Department of Stat /CHANGES Change	Addition	
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11. I nereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. Turner certify that the information indicated on this report is 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: LOUTS VEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/2007 (

(944) 735-035)