


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 027 \*\*\*\*50.00

<b>DOCUMENT # L06000048471</b>		
1. Entity Name KEVIN MUNROE CONSULTING, LLC		

40097874



Principal Place of Business 111 N. ORANGE AVENUE SUITE 2000 ORLANDO, FL 32801 US	Mailing Address 111 N. ORANGE AVENUE SUITE 2000 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # 2813 S. Hiwassee Rd Suite, Apt. #, etc. Suite 201 City & State Orlando FL Zip 32835 Country US	3. Mailing Address 2813 S. Hiwassee Rd Suite, Apt. #, etc. Suite 201 City & State Orlando FL Zip 32835 Country US
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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4856389	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BERMAN, KEAN & RIGUERA, P.A. 2101 W. COMMERCIAL BLVD. STE. 2800 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Kevin J. Munroe Street Address (P.O. Box Number is Not Acceptable) 2813 S. Hiwassee Rd Suite 201 City Orlando FL Zip Code 32835
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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  DATE 4/30/07  
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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRABILIS VENTURES, INC. 111 N. ORANGE AVE., STE. 2000 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kevin J. Munroe 2813 S. Hiwassee Rd, Suite 201 Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** 

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

Date

Daytime Phone #

4/30/07 407-291-2700