

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072747

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** MELACHRINO CONSULTING, LLC

**Current Principal Place of Business:**

831 SW 16TH CT  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

2439 NE 8TH ST  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

831 SW 16TH CT  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

2439 NE 8TH ST  
FORT LAUDERDALE, FL 33304

**FEI Number:** 74-3199479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELACHRINO, JASON M PHARM D  
831 SW 16TH CT  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

MELACHRINO, JASON M PHARM D  
2439 NE 8TH ST  
FORT LAUDERDALE, FL 33304 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: JASON MELACHRINO

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MELACHRINO, JASON PHARM D  
Address: 2439 NE 8TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby 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: JASON MELACHRINO

PRES

04/26/2012

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