

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084262

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** THE KANTOR CONSULTING GROUP, LLC

**Current Principal Place of Business:**

3690 NE 195 LN  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2660 NE 51 COURT  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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: KANTOR, BRIAN  
Address: 21290 NE 23RD AVE  
City-St-Zip: MIAMI, FL 33180

Title: MGR ( ) Delete  
Name: KANTOR, LONNIE  
Address: 3690 NE 195 LN  
City-St-Zip: MIAMI, FL 33180

Title: ST ( ) Delete  
Name: KANTOR, GREGORY  
Address: 3690 NE 195 LN  
City-St-Zip: MIAMI, FL 33180

**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:** GREG KANTOR

CFO

04/01/2009

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