## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

DOCUMENT # L06000094695  1. Entity Name PENUEL CONSULTING LLC					~	03-13-2007 9	_		
Principal Place of Business 6710 POMONA COURT TALLAHASSEE, FL 32317		Mailing Address P.O. BOX 6733 TALLAHASSEE, FL 32314-6733			₩	1 2011 F 10111 BED!!	A OMMO IDIDI DIY	<b>88</b> 1 NH 1 <b>83</b> 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Number	50989	3	<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	ountry		f Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent	Nos		7. Name and A	ddress of New Ro	egistered Ag	gent	
FADIORA, OLUROTIMI 6710 POMONA COURT				Name  Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32317						<del></del>	17'150.55		
			City		FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered offic	ce or register	red agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	signature required	d when reinstating)		DATE		
	Filing Fee is \$50.00 Due by May 1, 2007								
FI De	ue by May 1, 2007						e check pa Departme	-	•
FI Do	ue by May 1, 2007	RS/MANAGERS	10.				Departme	-	•
Di	MANAGING MEMBE	ERS/MANAGERS	<b>10</b> .			Florida	Departme CHANGES	-	Addition
9. TITLE NAME	MANAGING MEMBE MGRM FADIORA, OLUROTIMI		TITLE NAME			Florida	Departme CHANGES	nt of State	
9. THILE NAME STREET ADDRESS	MANAGING MEMBE MGRM FADIORA, OLUROTIMI P.O. BOX 6733		TITLE NAME STREET ADOR	•		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM FADIORA, OLUROTIMI P.O. BOX 6733 TALLAHASSEE, FL 323146733	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	•		Florida	Departme CHANGES	nt of State	☐ Addition
9. THILE NAME STREET ADDRESS	MANAGING MEMBE MGRM FADIORA, OLUROTIMI P.O. BOX 6733		TITLE NAME STREET ADOR	•		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGRM FADIORA, OLUROTIMI P.O. BOX 6733 TALLAHASSEE, FL 323146733 MGRM FADIORA, TUNRAYO P.O. BOX 6733	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		Florida	Departme CHANGES	nt of State	☐ Addition
9. THILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME	MANAGING MEMBI MGRM FADIORA, OLUROTIMI P.O. BOX 6733 TALLAHASSEE, FL 323146733 MGRM FADIORA, TUNRAYO	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	ESS	LAHASSE	Florida	Departme CHANGES	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	MANAGING MEMBI MGRM FADIORA, OLUROTIMI P.O. BOX 6733 TALLAHASSEE, FL 323146733 MGRM FADIORA, TUNRAYO P.O. BOX 6733	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	LAHASSE	Florida ADDITIONS/	CHANGES	Change	☐ Addition
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11. I hereby certify that the information supplied with this filling 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: FADIORA OLUROTIMI DI 12/0

Date Daytime Phone #