

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094695

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** PENUEL CONSULTING LLC

**Current Principal Place of Business:**

6710 POMONA COURT  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6733  
TALLAHASSEE, FL 323146733

**New Mailing Address:**

**FEI Number:** 61-1509893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FADIORA, OLUROTIMI  
6710 POMONA COURT  
TALLAHASSEE, FL 32317 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:** MGRM  
**Name:** FADIORA, OLUROTIMI  
**Address:** P.O. BOX 6733  
**City-St-Zip:** TALLAHASSEE, FL 323146733

**Title:** MGRM  
**Name:** FADIORA, TUNRAYO  
**Address:** P.O. BOX 6733  
**City-St-Zip:** TALLAHASSEE, FL 32314

**Title:** MGRM  
**Name:** ADETU, OLUSHOLA G  
**Address:** 640 EUGENIA ST., UNIT 205  
**City-St-Zip:** TALLAHASSEE, FL 32310

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:** OLUROTIMI FADIORA

MGRM

03/14/2011

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