

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099264

**FILED**  
**Aug 18, 2010**  
**Secretary of State**

**Entity Name:** TRUEBLOOD CONSULTING, LLC

**Current Principal Place of Business:**

6099 STIRLING ROAD  
218  
DAVIE, FL 33314

**New Principal Place of Business:**

200 SOUTH ANDREWS AVE  
SUITE 100  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

6099 STIRLING ROAD  
218  
DAVIE, FL 33314

**New Mailing Address:**

200 SOUTH ANDREWS AVE  
SUITE 100  
FORT LAUDERDALE, FL 33301

**FEI Number:** 20-5695273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUEBLOOD, BLAKE M  
6099 STIRLING ROAD  
218  
DAVIE, FL 33314 US

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

TRUEBLOOD, BLAKE M  
200 SOUTH ANDREWS AVE  
100  
FORT LAUDERDALE, FL 33301 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: BLAKE M TRUEBLOOD

08/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRUEBLOOD, BLAKE  
Address: 200 SOUTH ANDREWS AVE, SUITE 100  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: BLAKE M TRUEBLOOD

MGRM

08/18/2010

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