

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90315 006 \*\*\*\*50.00

**DOCUMENT # L06000101085**

1. Entity Name  
**PROFESSIONAL SEARCH CONSULTING GROUP, LLC**



Principal Place of Business  
**1000 BRICKELL AVENUE, SUITE 1020  
MIAMI, FL 33131**

Mailing Address  
**1000 BRICKELL AVENUE, SUITE 1020  
MIAMI, FL 33131**

**60040341**



2. Principal Place of Business - No P.O. Box #  
**540 BRICKELL AVENUE**

3. Mailing Address  
**540 BRICKELL AVENUE**

Suite, Apt. #, etc.  
**1800**

Suite, Apt. #, etc.  
**1800**

04272007 Chg-LLC CR2E083 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**51-0608040**

Applied For  
Not Applicable

Zip  
**33131**

Country

Zip  
**33131**

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VILLANUEVA, BAJANDAS & LIEBEGOTT, LLC  
1000 BRICKELL AVENUE, SUITE 1020  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**SORAYA SALAZAR**

Street Address (P.O. Box Number is Not Acceptable)  
**540 BRICKELL AVENUE UNIT 1800**

City  
**MIAMI**

FL

Zip Code  
**33131**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Soraya E. Salazar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SALAZAR, SORAYA  
1000 BRICKELL AVENUE, SUITE 1020  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**540 BRICKELL AVENUE SUITE 1800  
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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:

*Soraya E. Salazar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Date

(305) 873-3568

Daytime Phone #