## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L06000111264 04-17-2007 90252 024 \*\*\*\*50.00 1. Entity Name TASINI CONSULTING, LLC Mailing Address Principal Place of Business 660 US HWY ONE THIRD FLOOR NORTH PALM BEACH FL 33408 660 US HWY ONE THIRD FLOOR NORTH PALM BEACH FL 33408 3. Mailing Address 643 Lakeside Court 2. Principal Place of Business - No P.O. Box # Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For O. Palm Beach FL 68-0647569 Not Applicable Country U.S.A. 33408 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Late Kathana HAILE SHAW & PFAFFENBERGER PA Street Address (P.O. Box Number is Not Acceptable) 660 US NO 1 3RD FLOOR - HALL HALLET NORTH PALM BEACH FL 33408 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE . (NOTE Registered Agent sequature reduced when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HHE ши NAMÍ NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY-S1-7IP Delete TOFF 1611.6 NAMI NAME: Lakeside Count STREET ADDRESS STREET ADDITESS CHY-ST 78 CITY ST 719 HILL Palm Berch, 12 1 Change DILE ☐ Defete NAME NAME 3340R-STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS SHRIFT ADDRESS CITY ST 7P CHY-S1-7/P Defete ☐ Change ■ Addition NAM! NAME STREET ADDRESS STREET ADORESS CITY ST 7IP CIFY-ST-ZIP nne ☐ Defeic TETAE Addition NAM NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath, 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.

**FILED**