

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113866

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** ENTERPRISE CONSULTANTS, LLC

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 13-4358745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANGSTADT, OLIVER J  
815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134 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: MGR  
Name: GARCIA, MARTIN  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: LE, JOE  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

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: MARTIN GARCIA

MGR

01/12/2011

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