

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114743

FILED
Sep 03, 2008
Secretary of State

Entity Name: ONEZERO CONSULTING, LLC

Current Principal Place of Business:

410 SW 55TH AVE
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

410 SW 55TH AVE
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIVIO, ARLEO
Address: 410 SW 55TH AVE
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM (X) Delete
Name: LACASSE, BRIAN
Address: 410 SW 55TH AVE
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM (X) Delete
Name: SCHLAPPKOHL, MAX
Address: 410 SW 55TH AVE
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LIVIO ARLEO

MGRM

09/03/2008

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