## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000003856

Entity Name: VERASYS CONSULTING LLC

DE LUCCA, DONALD W

MIAMI, FL 33130

66 W.FLAGLER ST, STE. 401

Name:

Address:

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 66 W.FLAGLER ST, STE. 401 66 W.FLAGLER ST, STE. 401 MIAMI, FL 33130 MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** 66 W.FLAGLER ST, STE. 401 MIAMI, FL 33130 FEI Number: 20-8301806 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, DAVID LAW CENTER OF THE AMERICAS, LLC 701 BRICKELL AVENUE, SUITE 1400 21 SE 1ST AVE., 10TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 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: LAW CENTER OF THE AMERICAS, LLC 04/20/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MILFORD, JAMES Name: Name: Address: 66 W.FLAGLER ST, STE. 401 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: PAGE, DC Name: Address: 66 W.FLAGLER ST.STE.401 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DE LUCCA, DONALD W Name: Name: 66 W.FLAGLER ST,STE.401 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: **FVP** (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DC PAGE MGR 04/20/2009