


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90009 041 \*\*\*143.75

DOCUMENT # L07000004257					
<b>1. Entity Name</b> S & MR CONSULTING, L.L.C.					
<b>Principal Place of Business</b> 9300 FONTAINEBLEAU BLVD, SUITE 106 MAM, FL 33172 US			<b>Mailing Address</b> 9300 FONTAINEBLEAU BLVD, SUITE 106 MAM, FL 33172 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 11904 SW 181 STREET		<b>3. Mailing Address</b> 11904 SW 181 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, Florida		<b>City &amp; State</b> Miami, Florida		<b>4. FEI Number</b> 87-0793626	
<b>Zip</b> 33177		<b>Country</b> Dade		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FLORIDA-INCORPORATIONS.NET INC 3219 CORAL RIDGE DR. CORAL SPRINGS, FL 33065					
<b>7. Name and Address of New Registered Agent</b> Name: <b>MABEL ACOSTA</b> Street Address (P.O. Box Number is Not Acceptable): 11904 SW 181 STREET City: <b>Miami</b> FL Zip Code: <b>33177</b>					
<b>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.</b> SIGNATURE: <i>Mabel Acosta</i> <b>MABEL ACOSTA</b> DATE: <b>4/18/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>FUENTES, MARGARITA R</b> 9300 FONTAINEBLEAU BLVD SUITE 106 MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>BUDINA, STANISLAV</b> 9300 FONTAINEBLEAU BLVD SUITE 106 MIAMI, FL 33172				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fuentes, Margarita R.</b> 11904 SW 181 ST, Miami, FL 33177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Budina, Stanislav</b> 11904 SW 181 ST, Miami, FL 33177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b> SIGNATURE: <i>Margarita Fuentes</i> <b>Margarita Fuentes</b> <i>Stanislav Budina</i> <b>Stanislav Budina</b> DATE: <b>04-19-08</b> DAYTIME PHONE #: <b>305-205-8365</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					