

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014424

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** LEARNING TO LIVE CONSULTING GROUP LLC

**Current Principal Place of Business:**

5670 NW 116TH AVE.  
APT. 215  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5670 NW 116TH AVE.  
APT. 215  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 26-1164083      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PULGAR, MARIA  
5670 NW 116TH AVE  
APT. 215  
DORAL, FL 33178 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: MGRM ( ) Delete  
Name: PULGAR, MARIA  
Address: 5670 NW 116TH AVE. APT. 215  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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: MARIA A. PULGAR

MGRM

04/29/2009

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