

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022562

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CONSULTANT ASSOCIATES, LLC.

**Current Principal Place of Business:**

1490 SUNSHADOW DR.  
3030  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

1490 SUNSHADOW DR.  
3030  
CASSELBERRY, FL 32707 US

FEI Number: 20-8533040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

1490 SUNSHADOW DR.  
2020  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

1490 SUNSHADOW DR.  
2020  
CASSELBERRY, FL 32707 US

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

CARBONE, RONALDO A  
1705 GOLDEN POPPY CT.  
ORLANDO, FL 32824 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 ( ) Delete  
Name: CARBONE, RONALDO A  
Address: 1705 GOLDEN POPPY CT.  
City-St-Zip: ORLANDO, FL 32824 US

**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: RON CARBONE

MGR

04/30/2009

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