2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 5 Jun 25, 2008 8:00 am

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ML CONSULTING SERVICES, LLC									00 0 1 20	30 70 2 55 007	556.75
Principal Place of Business			7	Mailing Address							
186 BARBADOS DRIVE JUPITER FL 33458 US				P.O. BOX 1053 JUPITER FL 33458 US							
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address					i riffatts an 49m riff a 67 m	Com tem corre mes mes mes .	itari medasi rifi isleb
Suite, Apt. #, etc.				Suite, Apt. #, etc.					2nd MOORE	CR2E083 (4/08)
City & State			\perp	City & State				4. FEI Nu	mber 20 - 87	41621	Applied For Not Applicable
Zip	Country		\perp	Zip		Country		<u></u>	cate of Status Desire	Fee Req	Additional uired
5. Name and Address of Current Re				gistered Agent				Name	and Address of Ne	w Registered Agent	
3801	PĠA BC	HAEL S ESQ DULEVARD				Address		NNA mber is Not Accept	A O DUCA	<u>_</u>	
SUITE 604 PALM BEACH GARDENS FL 334				/-			86 BANADOS DA				
			City	STUM	der		FL Zip C	3340			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Supposed by the purpose of purpose of position of the Jacobicoble. (NOTE Regulated Report Signature Tocared when rendered by the purpose of the pu											
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9.	•-	MANAGING MEME	BERS!	MANAGERS	10.		38 [8		ADDITION	NS/CHANGES	
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11. I hereby certify that the information supplied with this filling 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 ply signalure 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 of this proposed to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 5-28-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN, OR AUTHORIZED REPRESENTATIVE DAYS DAYS PERSON B											