

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038491

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** PRW CONSULTING ASSOCIATES, LLC

**Current Principal Place of Business:**

2500 EAST LAST OLAS BLVD.  
#904  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

1208 NE 1 STREET  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

2500 EAST LAST OLAS BLVD.  
#904  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

1208 NE 1 STREET  
FT. LAUDERDALE, FL 33301

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

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

WOOLF, PETER R  
2500 E LAS OLAS BOULEVARD  
APT 904  
FORT LAUDERDALE, FL 33301 US

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

WOOLF, PETER R  
1208 NE 1 STREET  
FORT LAUDERDALE, FL 33301 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: \_\_\_\_\_

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOOLF, PETER  
Address: 2500 EAST LAST OLAS BLVD., #904  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WOOLF, PETER  
Address: 1208 NE 1 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33301

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: PETER R WOOLF

MR

04/23/2009

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