

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040817

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ORELLANA CONSULTING, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE, SUITE 1270  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

150 ALHAMBRA CIRCLE, SUITE 1270  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8872438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAGEL, JAMES P  
150 ALHAMBRA CIRCLE, SUITE 1270  
CORAL GABLES, FL 33134 US

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

ORELLANA, RODOLFO P  
150 ALHAMBRA CIRCLE, SUITE 1270  
CORAL GABLES, FL 33134 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: RODOLFO ORELLANA

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: ORELLANA, RODOLFO  
Address: 150 ALHAMBRA CIRCLE, SUITE 1270  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: SALAZAR, NATALY  
Address: 150 ALHAMBRA CIRCLE, SUITE 1270  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RODOLFO ORELLANA

P

04/30/2008

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