2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90030 003 ***138.75

OCUMENT # L07000067464
Entity Name
ROVIDENT FINANCIAL CONSULTING, LLC

icipal Place of Business	Mailing Address
44 GOLFVIEW BOULEVARD LANDO, FL 32804	3544 GOLFVIEW BOULEVARD ORLANDO, FL 32804

04292008 Chg-LLC CR2E083 (12/06)

Principal Place of Business - No P.O. Box #	3. Mailing Address
216 Pasadena Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL 32803	City & State
Zip: 32803 Country: U.S.	Zip Country

4. FEI Number 26 0439439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YLOR, T. KEVIN 44 GOLFVIEW BOULEVARD RLANDO, FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept he obligations of registered agent.

NATURE [signature] 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
ter May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, T. KEVIN		NAME	
STREET ADDRESS	3544 GOLFVIEW BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing 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 my 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.

GNATURE: [signature] 4/30/08 407-872-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #