

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90090 011 ***138.75

DOCUMENT # L07000070308

1. Entity Name

CLARON CONSULTING, LLC



Principal Place of Business

2810 N.E. 41ST COURT
FT. LAUDERDALE FL 33308

Mailing Address

2810 N.E. 41ST COURT
FT. LAUDERDALE FL 33308

600000010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

RONALD J. GOFF

Street Address (No P.O. Box Number if Not Applicable)

2810 NE 41 COURT

City

FT. LAUDERDALE

FL

33308

8. 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 the obligations of registered agent.

SIGNATURE

RONALD J. GOFF

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when renewing)

DATE

1/21/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	GOFF, RONALD J	
STREET ADDRESS	2810 N.E. 41ST COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	MGR	☐ Delete
NAME	GOFF, CLARA O	
STREET ADDRESS	2810 N.E. 41ST COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Year/Period #