

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123178

FILED
Jan 15, 2009
Secretary of State

Entity Name: HORUS CONSULTING GROUP, LLC.

Current Principal Place of Business:

16643 81 LANE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16643 81 LANE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-1617575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECONTE, KARL H
3061 VENICE WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JEAN LOUIS, FRITZ
Address: 16643 81 LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: LECONTE, DOMINIQUE
Address: 6115 98TH STREET APT 15N
City-St-Zip: REGO PARK, NY 11374

Title: MGRM () Delete
Name: MOORE, JENNIFER
Address: 8311-11 AVENUE S.W.
City-St-Zip: EDMONTON, AB T6X 1E3 CA

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: MOORE, JENNIFER
Address: 8311-11 AVENUE S.W.
City-St-Zip: EDMONTON, AB T6X 1E3 CA

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: FRITZ JEAN LOUIS

MGRM

01/15/2009

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