2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# L07000125667

Entity Name: HRL CONSULTING, LLC

Current Principal Place of Business:

3133 FORTUNE WAY, SUITE 1
WELLINGTON, FL 33414

New Principal Place of Business:

4449 WELLINGTON SHORES DRIVE
WELLINGTON, FL 33449

Current Mailing Address:

3133 FORTUNE WAY, SUITE 1
WELLINGTON, FL 33414

New Mailing Address:

4449 WELLINGTON SHORES DRIVE
WELLINGTON, FL 33449

FEI Number: 26-1915281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VENTRY, LYNNE S.K. P.A.
955-N NORTHWEST 17TH AVENUE
DELRAY BEACH, FL 33445 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: MGR ( ) Delete
Name: LIPPMAN, HOWARD
Address: 3133 FORTUNE WAY, SUITE 1
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete
Name: LIPPMAN, FREDERICA
Address: 3133 FORTUNE WAY, SUITE 1
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LIPMAN, HOWARD R
Address: 4449 WELLINGTON SHORES DRIVE
City-St-Zip: WELLINGTON, FL 33449

Title: MGR (X) Change ( ) Addition
Name: LIPMAN, FREDERICA
Address: 4449 WELLINGTON SHORES DRIVE
City-St-Zip: WELLINGTON, FL 33449

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: HOWARD LIPMAN MR. 01/17/2009

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