

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000850

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** BUSINESS CONSULTING & TRAINING SOLUTIONS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3913 W PALMETTO STREET  
TAMPA, FL 336072432

**New Principal Place of Business:**

**Current Mailing Address:**

3913 W PALMETTO STREET  
TAMPA, FL 336072432

**New Mailing Address:**

**FEI Number:** 26-1869991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARVEY, MAURICE R  
3913 W PALMETTO STREET  
TAMPA, FL 336072432 US

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

HARVEY, MAURICE R DR.  
3913 W PALMETTO STREET  
TAMPA, FL 336072432 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: MAURICE R HARVEY

04/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARVEY, MAURICE R DR.  
Address: 3913 W PALMETTO STREET  
City-St-Zip: TAMPA, FL 336072432

Title: MGRM  
Name: YORK, DEBORAH D  
Address: 6875 78TH AVENUE  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby 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: MAURICE R HARVEY

MGR

04/24/2011

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