

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000850

**FILED**  
**Feb 25, 2012**  
**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:**

4532 W KENNEDY BLVD.  
SUITE #208  
TAMPA, FL 336092539

**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 DR.  
3913 W PALMETTO STREET  
TAMPA, FL 336072432 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  
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

02/25/2012

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