

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001291

FILED
Apr 13, 2009
Secretary of State

Entity Name: BAHARI EXPORT CONSULTING LLC

Current Principal Place of Business:

7601 EAST TREASURE DRIVE, SUITE #1205
MIAMI BEACH, FL 33141

New Principal Place of Business:

7601 EAST TREASURE DRIVE
SUITE 1205
MIAMI BEACH, FL 33141

Current Mailing Address:

7601 EAST TREASURE DRIVE, SUITE #1205
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 26-2337188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATONYE, THEURI
7601 EAST TREASURE DRIVE, SUITE #1205
MIAMI BEACH, FL 33141 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: GATONYE, THEURI
Address: 7601 EAST TREASURE DRIVE, SUITE #1205
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: GITAU, WANJIKU MISS
Address: 7601 EAST TREASURE DRIVE, SUITE #1205
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GITAU, WANJIKU MISS
Address: 6 FINSBURY ROAD,
City-St-Zip: LUTON, BEDFORDSHIRE, UK LU4 9AH UK

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: THEURI GATONYE

MGRM

04/13/2009

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