

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009107

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** USA BUSINESS CONSULTING LLC

**Current Principal Place of Business:**

1919 N. STATE RD, 7  
STE 204  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1919 N. STATE RD, 7  
STE 204  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 26-1838956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARICEL ZALDUMBIDE  
1919 N. STATE RD 7  
STE 204  
MARGATE, FL 33063 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  
**Name:** CARDENAS, GLORIA  
**Address:** 1919 N. STATE RD, 7 SUITE 204  
**City-St-Zip:** MARGATE, FL 33063

**Title:** MGR  
**Name:** ZALDUMBIDE, MARICEL  
**Address:** 1919 N STATE RD 7, STE 204  
**City-St-Zip:** MARGATE, FL 33063

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:** MARICEL ZALDUMBIDE

MGR

01/10/2012

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