

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024215

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** ACON CONSULTING GROUP LLC

**Current Principal Place of Business:**

6611 SW 127TH PATH  
MIAMI, FL 33183

**New Principal Place of Business:**

12377SW 250ST  
MIAMI, FL 33083

**Current Mailing Address:**

6611 SW 127TH PATH  
MIAMI, FL 33183

**New Mailing Address:**

12377SW 250ST  
MIAMI, FL 33083

**FEI Number:** 30-0469643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLAYCOMB, ALBERT  
6611 SW 127TH PATH  
MIAMI, FL 33183 US

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

CLAYCOMB, ALBERT  
12377SW 250ST  
MIAMI, FL 33083 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:** ALBERT CLAYCOMB

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** CLAYCOMB, ALBERT  
**Address:** 12377SW 250ST  
**City-St-Zip:** MIAMI, FL 33032

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:** ALBERT CLAYCOMB

MGR

02/02/2009

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