

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051606

Entity Name: FF CONSULTING SERVICES, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5889 NW 23RD TERRACE
BOCA RATON, FL 33496

New Principal Place of Business:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

Current Mailing Address:

5889 NW 23RD TERRACE
BOCA RATON, FL 33496

New Mailing Address:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

NOBACK, CARL R MGRM
17902 MONTE VISTA DR.
BOCA RATON, FL 33496 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: CARL R. NOBACK

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBACK, CARL R
Address: 5889 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: WACHOWIAK, BRADLEY J
Address: 222 ISLAND CIRCLE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOBACK, CARL R
Address: 17902 MONTE VISTA DR.
City-St-Zip: BOCA RATON, FL 33496

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

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: CARL R. NOBACK

MGRM

04/29/2009

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