

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062715

FILED
Apr 30, 2009
Secretary of State

Entity Name: GROWTH MARKETING & CONSULTING L.L.C.

Current Principal Place of Business:

12032 GREEN EMERALD CT
ORLANDO, FL 32837

New Principal Place of Business:

12032 GREEN EMERALD CT
ORLANDO, FL 32837 US

Current Mailing Address:

12032 GREEN EMERALD CT
ORLANDO, FL 32837

New Mailing Address:

12032 GREEN EMERALD CT
ORLANDO, FL 32837 US

FEI Number: 26-2864104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAS DORES, MORACY O
5350 INTERNATIONAL DRIVE
ORLANDO, FL 32819 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 () Delete
Name: CONCEICAO, LEONARDO A
Address: 12032 GREEN EMERALD CT
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: DAS DORES, MORACY O
Address: 5350 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONCEICAO, LEONARDO A
Address: 12032 GREEN EMERALD CT
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR (X) Change () Addition
Name: DAS DORES, MORACY O
Address: 5350 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819 US

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: MORACY DAS DORES

MGR

04/30/2009

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