

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065457

FILED
Jul 14, 2009
Secretary of State

Entity Name: INTERNATIONAL CONSULTANT LLC

Current Principal Place of Business:

1500 BAY ROAD #544
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1504 BAY ROAD #1112
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1500 BAY ROAD #544
MIAMI BEACH, FL 33139 US

New Mailing Address:

1504 BAY ROAD #1112
MIAMI BEACH, FL 33139 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALONSO, ISABEL
1500 BAY ROAD #544
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ALONSO, ISABEL
1504 BAY ROAD #1112
MIAMI BEACH, FL 33139 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:

07/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALONSO, ISABEL
Address: 1500 BAY ROAD #544
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: COMA, PEDRO
Address: 1500 BAY ROAD #544
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

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

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: ISABEL ALONZO

MGR

07/14/2009

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