

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070699

Entity Name: W & K CONSULTING LLC

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

3615 S.W. THISTLEWOOD LANE
PALM CITY, FL 34990

New Principal Place of Business:

3615 S.W. THISTLEWOOD LANE
PALM CITY, FL 34990 US

Current Mailing Address:

P.O. BOX 2567
PALM CITY, FL 34991

New Mailing Address:

P.O. BOX 2567
PALM CITY, FL 34991 US

FEI Number: 30-0496810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: KORES, ALLAN
Address: 3615 S.W. THISTLEWOOD LANE
City-St-Zip: PALM CITY, FL 34990

Title: ST () Delete
Name: WEINSTEIN, ALLEN
Address: 3615 S.W. THISTLEWOOD LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KORES, ALLAN L
Address: 3615 S.W. THISTLEWOOD LANE
City-St-Zip: PALM CITY, FL 34990 US

Title: MGR (X) Change () Addition
Name: WEINSTEIN, ALLEN
Address: 12229 GLENMORE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 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: ALLAN L. KORES

MGRM

02/14/2009

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