

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074567

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** DBA PROGRAMMER CONSULTANT, LLC

**Current Principal Place of Business:**

19390 COLLINS AVE  
627  
NORTH MIAMI BEACH, FL 33160 US

**New Principal Place of Business:**

16900 NORTH BAY ROAD  
# 2512  
SUNNY ISLES, FL 33160 US

**Current Mailing Address:**

P. O. BOX 272827  
BOCA RATON, FL 33427 US

**New Mailing Address:**

FEI Number: 26-3110150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCOFIE, ANTHONY  
19390 COLLINS AVE  
# 627  
NORTH MIAMI BEACH, FL 33160 US

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

MCCOFIE, ANTHONY  
16900 NORTH BAY ROAD  
# 2512  
SUNNY ISLES, FL 33160 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: ANTHONY MCCOFIE

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCOFIE, ANTHONY  
Address: P. O. BOX 272827  
City-St-Zip: BOCA RATON, FL 33427 US

I hereby 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: ANTHONY MCCOFIE

MGRM

01/04/2011

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