

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082674

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE SOUTHEAST BOTTOMLINE BUSINESS CONSULTANTS, LLC

**Current Principal Place of Business:**

2824 NORTHEAST 9TH TERRACE  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

2824 NORTHEAST 9TH TERRACE  
WILTON MANORS, FL 33334

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**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:**

MADISON STRAUSS  
2824 NE 9TH TERRACE  
WILTON MANORS, FL 33334 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: MADISON STRAUSS

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STRAUSS, MADISON  
Address: 2824 NORTHEAST 9TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33334

Title: S ( ) Delete  
Name: STRAUSS, MADISON  
Address: 2824 NORTHEAST 9TH TERRACE  
City-St-Zip: WILTON MANORS, FL 33334

**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: MADISON STRAUSS

MGR

04/27/2009

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