

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090099

FILED
Jan 07, 2009
Secretary of State

Entity Name: COMPLIANCE CONSULTING GROUP, LLC

Current Principal Place of Business:

8337 NW 12TH STREET
102
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

8337 NW 12TH STREET
102
MIAMI, FL 33126

New Mailing Address:

FEI Number: 94-3443119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUCKER, ALINE V
8337 NW 12TH STREET
102
MIAMI, FL, FL 33126 US

Name and Address of New Registered Agent:

DRUCKER, ALINE V
8337 NW 12TH STREET
102
MIAMI, FL 33126 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: ALINE DRUCKER

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRUCKER, ALINE V
Address: 8337 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Delete
Name: ESPINOSA, HEBERTO
Address: 8337 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Delete
Name: FORNARIS, MARK L
Address: 8337 NW 12TH STREET, SUITE 102
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

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

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: ALINE DRUCKER

MGRM

01/07/2009

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