

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097381

FILED  
Jul 03, 2009  
Secretary of State

Entity Name: POLISHKO CONSULTING, LLC

## Current Principal Place of Business:

10225 COLLINS AVE  
904  
BAL HARBOUR, FL 33154 US

## Current Mailing Address:

10225 COLLINS AVE  
904  
BAL HARBOUR, FL 33154 US

## New Principal Place of Business:

16485 COLLINS AVE  
#435  
SUNNY ISLES BEACH, FL 33160 US

## New Mailing Address:

PO BOX 610098  
MIAMI, FL 33261 FL

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
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:

POLISHKO, ALLA  
10225 COLLINS AVE  
904  
BAL HARBOUR, FL 33154 US

## Name and Address of New Registered Agent:

POLISHKO, ALLA  
16485 COLLINS AVE  
435  
SUNNY ISLES BEACH, 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: ALLA POLISHKO

07/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POLISHKO, ALLA  
Address: 10225 COLLINS AVE, APT 904  
City-St-Zip: BAL HARBOUR, FL 33154 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: POLISHKO, ALLA  
Address: 16485 COLLINS AVE #435  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: ALLA POLISHKO

MGRM

07/03/2009

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