

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102549

FILED  
Aug 18, 2009  
Secretary of State

**Entity Name:** ACKERMANN CONSULTING GROUP, LLC

**Current Principal Place of Business:**

709 ALEDO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2845 GRANADA BLVD.  
SUITE 1-B  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

709 ALEDO AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2845 GRANADA BLVD.  
SUITE 1-B  
CORAL GABLES, FL 33134 US

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: MGRM ( ) Delete  
Name: ACKERMANN, FRANK  
Address: 709 ALEDO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACKERMANN, FRANK  
Address: 2845 GRANADA BLVD SUITE 1-B  
City-St-Zip: CORAL GABLES, FL 33134 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: FRANK ACKERMANN

MGRM

08/18/2009

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