2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L08000108768

Entity Name: NASON CONSULTING, LLC

Current Principal Place of Business:

95 MERRICK WAY, STE. 460
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY, STE. 460
CORAL GABLES, FL 33134

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:

BOOKSTEIN, MERRILL A P.A.
1900 GLADES ROAD, STE. 102
BOCA RATON, FL 33431 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: NASON-AYMERICH, ALEXANDRA
Address: 410 AMALFI AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: D ( ) Change (X) Addition
Name: NASON, DENNIS H
Address: 1050 ANDORA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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: ALEXANDRA NASON-AYMERICH MGRM 03/12/2009

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