

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048527

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** LARSON CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1570 HANDLEMAN DRIVE  
OVIEDO, FL 327659511

**New Principal Place of Business:**

10151 UNIVERSITY BLVD, #117  
ORLANDO, FL 328171904 US

**Current Mailing Address:**

10151 UNIVERSITY BLVD., #117  
ORLANDO, FL 328171904

**New Mailing Address:**

10151 UNIVERSITY BLVD, #117  
ORLANDO, FL 328171904 US

**FEI Number:** 27-0210545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSON, JEFFREY T  
1570 HANDLEMAN DRIVE  
OVIEDO, FL 327659511 US

**Name and Address of New Registered Agent:**

LARSON, JEFFREY T CEO  
1570 HANDLEMAN DRIVE  
OVIEDO, FL 327659511 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: JEFFREY T LARSON

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: LARSON, JEFFREY T CEO  
Address: 10151 UNIVERSITY BLVD., #117  
City-St-Zip: ORLANDO, FL 328171904 US

I hereby 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: JEFFREY T LARSON

CEO

03/09/2010

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