

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055547

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** BUSINESS & TECHNOLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

20882 NW 19TH ST  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

20882 NW 19TH ST  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

5501 NW 42ND LANE  
COCONUT CREEK, FL 33073

**FEI Number:** 27-0411801      **FEI Number Applied For ( )**      **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:**

FRANKLIN, CLEARILDA M  
20882 NW 19TH ST  
PEMBORKE PINES, FL 33029      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  
**Name:** FRANKLIN, CLEARILDA M  
**Address:** 20882 NW 19TH ST  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** MGRM  
**Name:** FRANKLIN, ROBERT A  
**Address:** 5501 NW 42ND LANE  
**City-St-Zip:** COCONUT CREEK, FL 33073

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:** CLEARILDA M. FRANKLIN

MRS

05/10/2010

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