

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117246

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** INDEPENDANT BUS CONSULTANTS LLC

**Current Principal Place of Business:**

1910 THOROUGHbred DR.  
GOTHA, FL 34734

**New Principal Place of Business:**

424 DOUGLAS EDWARD DR  
OCOOE, FL 34761

**Current Mailing Address:**

1910 THOROUGHbred DR.  
GOTHA, FL 34734

**New Mailing Address:**

424 DOUGLAS EDWARD DR  
OCOOE, FL 34761

**FEI Number:** 27-1454831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

D'ANDREA, GUSTAVO J  
1910 THOROUGHbred DR.  
GOTHA, FL 34734 US

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

D'ANDREA, GUSTAVO J  
424 DOUGLAS EDWARD DR  
OCOOE, FL 34761 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:**

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** D'ANDREA, GUSTAVO J  
**Address:** 424 DOUGLAS EDWARD DR  
**City-St-Zip:** OCOOE, FL 34761

**Title:** MGR  
**Name:** D'ANDREA, NAYIRIS J  
**Address:** 424 DOUGLAS EDWARD DR  
**City-St-Zip:** OCOOE, FL 34761

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:** GUSTAVO JAVIER D'ANDREA

MGRM

04/28/2011

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