

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000008309

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ABM CONDE CONSULTING, LLC.

**Current Principal Place of Business:**

7345 W. SAND LAKE RD  
SUITE 224  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7345 W. SAND LAKE RD  
SUITE 224  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-1795290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON ACCOUNTING & CONSULTING SERVICES  
8810 COMMODITY CIRCLE SUITE 17  
ORLANDO, FL 32819 US

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

LARSON ACCOUNTING & CONSULTING SERVICES  
8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819 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:** CAROLINE LARSON

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CONDE, ANTONIO  
**Address:** 7345 W. SAND LAKE RD SUITE 224  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** MGR  
**Name:** CONDE, MARCIA  
**Address:** 7345 W. SAND LAKE RD SUITE 224  
**City-St-Zip:** ORLANDO, FL 32819 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:** ANTONIO CONDE

MGR

04/29/2011

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