

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000008309

FILED  
Apr 29, 2012  
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  
8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819 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:** 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

04/29/2012

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