

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000015833

FILED
May 01, 2011
Secretary of State

Entity Name: SAPPHIRE CONSULTING & MANAGEMENT, L.L.C.

Current Principal Place of Business:

1018 INDIAN TRACE APTS
APT 107
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

401 NORTH ROSEMARY AVENUE
SUITE 202
WEST PALM BEACH, FL 33401

Current Mailing Address:

1018 INDIAN TRACE APTS
APT 107
WEST PALM BEACH, FL 33407 US

New Mailing Address:

401 NORTH ROSEMARY AVENUE
SUITE 202
WEST PALM BEACH, FL 33401

FEI Number: 37-1603561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SARGEANT, MONIQUE
1018 INDIAN TRACE APTS.
APT 107
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

SARGEANT, MONIQUE
401 NORTH ROSEMARY AVENUE - SUITE 202
SUITE 202
WEST PALM BEACH, FL 33401 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: MONIQUE SARGEANT

05/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SARGEANT, MONIQUE
Address: 401 NORTH ROSEMARY AVENUE - SUITE 202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: SARGEANT, MONIQUE
Address: 401 NORTH ROSEMARY AVENUE - SUITE 202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: SARGEANT, MONIQUE
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City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: SARGEANT, MONIQUE
Address: 401 NORTH ROSEMARY AVENUE - SUITE 202
City-St-Zip: WEST PALM BEACH, FL 33401

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: MONIQUE SARGEANT

MGR

05/01/2011

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