

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026604

Entity Name: ALBE CONSULTING, LLC

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1771 N POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1771 N POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBE, BRUCE J  
5231 NW 902TH TERRACE  
CORAL SPRINGS, FL 33069 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: ALBE, BRUCE  
Address: 5231 NW 90TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33069 US

Title: MGR  
Name: ALBE, HOLLY  
Address: 5231 NW 90TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33069 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: BRUCE ALBE

MGR

02/04/2011

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