

DOCUMENT# L10000037291

Entity Name: TRANSACTION ADVISORS & CONSULTANTS, LLC

New Principal Place of Business:**Current Mailing Address:****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:

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: MGRM
Name: ALVESU, MANUEL M
Address: 10261 SW 72ND ST, C 101
City-St-Zip: MIAMI, FL 33173 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: MANUEL ALVESU

MGRM

04/29/2011

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