

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111550

Entity Name: EBONI KONSULT, LLC

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

308 S CLYDE AVE  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

308 S CLYDE AVE  
KISSIMMEE, FL 34747 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CLAYTON, AMBER  
308 S CLYDE AVE  
KISSIMMEE, FL 34747 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: PRES  
Name: ONI, BABATUNDE E  
Address: 308 S CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: VP  
Name: TUNDE-ONI, OLUBUKOLA  
Address: 308 S CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: GM  
Name: SHARIFF, SYED A  
Address: 308 S CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGR  
Name: SHARIFF, NAGHMA  
Address: 308 S CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34747 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: SYED A SHARIFF

GM

01/20/2012

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