

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112414

**Entity Name:** AMDEN CONSULTING LLC

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2710 DEL PRADO BLVD  
#2-256  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2710 DEL PRADO BLVD  
#2-256  
CAPE CORAL, FL 33904

**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:**

RINDEN, AMANDA M  
20189 MARKWARD CROSSING  
ESTERO, FL 33928 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: MM  
Name: RINDEN, AMANDA M  
Address: 20189 MARKWARD CROSSING  
City-St-Zip: ESTERO, FL 33928

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: AMANDA RINDEN

MM

04/03/2011

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