

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112414

Entity Name: AMDEN CONSULTING LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12802 VISTA PINE CIRCLE  
FORT MYERS, FL 33913

**Current Mailing Address:**

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

**New Mailing Address:**

12802 VISTA PINE CIRCLE  
FORT MYERS, FL 33913

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  
12802 VISTA PINE CIRCLE  
FORT MYERS, FL 33913 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: 10551 MARINO POINTE DR. #1902  
City-St-Zip: MIROMAR LAKES, FL 33913

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

04/09/2012

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