2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002504

1. Entity Name



HOC HOANG CONSULTING, LLC

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90572 024 ****50.00

Principal Place 5907 BUTTON TAMPA FL 338			Mailing Address 5907 BUTTON QUAIL CT TAMPA FL 33624							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt,	. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State		4. FEI Num	4. FEI Number 59-3572036 Applied For Not Applied be				7
Zip Country			Zip	Country		te of Status Desired		5.00 Ad se Require	ditional	1
	6. Name and	Address of Current Re	gistered Agent	'	7. Name ar	nd Address of New R	egistered A	gent		1
				Name						1
590	ANG, HOC H ···· 7 Button Qua 1Pa Fl 33624			Street Add	dress (P.O. Box Num	ber is Not Acceptable)			
	7.5	٠		City			FL	Zip Coc	ie	4
	named entity subtitions of registered		ne purpose of changing its	registered office or re	egistered agent, or b	oth, in the State of Flo	rida. Iam fa	miliar with,	and accept	1
SIGNATURE Signature, typed or printed name of registered agent an			title if applicable. (NOT	E: Registered Agent signature	required when reinstating)		DATE			
			Make Check Payab	OW!!! FEE IS \$50 le to Florida Depa e By May 1, 2003						
9.	;	MANAGING MEMBERS	/MANAGERS	10.		ADDITIONS/	CHANGES			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOANG, HOC 5907 BUTTON TAMPA FL	Н	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	(20/07) 580=
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	183
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TITLE NAME			☐ Delete	TITLE				Change	Addition	1

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. HOC H. HOANG

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE