



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 009 ****50.00

DOCUMENT # M03000001422 1. Entity Name MR CONSULTING LLC					
Principal Place of Business 712 FIFTH AVENUE, 29 FLOOR NEW YORK, NY 10019			Mailing Address 712 FIFTH AVENUE, 29 FLOOR NEW YORK, NY 10019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 848 Brickell Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 830			
City & State 		City & State MIAMI, FL		4. FEI Number 65-1161003	
Zip 		Zip 33131		Country USA	
6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ 848 BRICKELL AVE., SUITE 830 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSENBERG, FATOS 4201 BAY POINT RD. MIAMI, FL 33137		<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE:  Fatos Rosenberg 3/5/07 - (305)374-4422 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					