

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071711

FILED  
May 08, 2009  
Secretary of State

Entity Name: QUADRANTE CONSULTING GROUP, LLC

**Current Principal Place of Business:**

3508 NW 114 AVENUE, STE. A-BM4085  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

3508 NW 114 AVENUE, STE. A-BM4085  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 39-2058062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE, STE. 500  
CORAL GABLES, FL 33134 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: DE PENA EVERTSZ, CARLOS ARMANDO  
Address: 3508 NW 114 AVENUE, STE. A-BM4085  
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PEREZ SANCHEZ, ROBERTO JOSE  
Address: 3508 NW 114 AVENUE, STE. A-BM4085  
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: GARCIA LARA, JOSE ALEXANDER  
Address: 3508 NW 114 AVENUE, STE. A-BM4085  
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARLOS ARMANDO DE PENA EVERTSZ

MGRM

05/08/2009

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