

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032421

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC4798550563**

**Entity Name:** FINANCE & ESTATE CONSULTING GROUP, LLC

**Current Principal Place of Business:**

4226 DEL PRADO BLVD S  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4226 DEL PRADO BLVD S  
CAPE CORAL, FL 33904

**FEI Number:** 02-0652086

**Certificate of Status Desired:** No

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

KLEBER, BODO  
4226 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 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

**Authorized Person(s) Detail :**

Title P  
Name KLEBER, BODO  
Address 4226 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name KLEBER, BIRGIT  
Address 4226 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title S  
Name MACHOLL, ANDREAS  
Address 4226 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BODO KLEBER

**PRESIDENT**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date