

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032421

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC1770539163**

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

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

Title           MANAGER  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BIRGIT KLEBER

**MANAGER**

**01/16/2014**

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

\_\_\_\_\_ Date