2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000042670

1. Entity Name
ADVISORX CONSULTING, L.L.C.

FILED
Feb 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5431 STAG THICKET LANE PALM HARBOR, FL 34685	5431 STAG THICKET LANE PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1213183	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LENNOX, MICHELE L
5431 STAG THICKET LANE
PALM HARBOR, FL 34685

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2006**

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LENNOX, MICHELE L
STREET ADDRESS	5431 STAG THICKET LANE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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02/18/06-80007-016 50.00

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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: _Michele L. Lennox_   2-3-06   727-784-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #