

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000097404

Entity Name: 2T CONSULTING, LLC

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5260 COLLINS ROAD  
UNIT 703  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40508  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 39-2053978      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:**

TIPPINS, THERESA L  
5260 COLLINS ROAD  
UNIT 703  
JACKSONVILLE, FL 32244 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:**

Title: MGR  
Name: HICKSON, TIFFANY M  
Address: 10010 SKINNER LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: TIPPINS, THERESA L  
Address: 5260 COLLINS ROAD, UNIT 703  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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: THERESA L. TIPPINS

MGR

05/12/2010

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