

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011885

**Entity Name:** ANDERSONTHORNTON CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

15429 N. FLORIDA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

15429 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**FEI Number: 59-3731848**

**Certificate of Status Desired: Yes**

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

IHRIG, WILLIAM K  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33602 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 MGRM  
Name THORNTON, GEORGE P  
Address 4110 WHITTER DRIVE  
City-State-Zip: LAND O LAKES FL 34639

Title MGRM  
Name ANDERSON, SARAH  
Address 1210 ANOLAS WAY  
City-State-Zip: LUTZ FL 33548

Title MGRM  
Name THORNTON, GEORGE PJR.  
Address 10522 SAN TRAVASO DR  
City-State-Zip: TAMPA FL 33647

Title MGRM  
Name THORNTON, ELLA J  
Address 4110 WHITTER DRIVE  
City-State-Zip: LAND O LAKES FL 34639

*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: GEORGE P THORNTON**

**OWNER**

**01/25/2013**

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

\_\_\_\_\_  
Date