

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015243

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** HOPKINS CONSULTING SOLUTIONS, LLC

**Current Principal Place of Business:**

1919 NW PINETREE WAY  
STUART, FL 34994

**New Principal Place of Business:**

212 NW BROKEN OAK TRAIL  
STUART, FL 34957

**Current Mailing Address:**

1919 NW PINE TREE WAY  
STUART, FL 34994

**New Mailing Address:**

212 NW BROKEN OAK TRAIL  
STUART, FL 34957

**FEI Number:** 65-1059235      **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:**

CLANCY, MATTHEW J  
1919 NW PINETREE WAY  
STUART, FL 34994    US

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

CLANCY, MATTHEW J  
212 NW BROKEN OAK TRAIL  
STUART, FL 34957    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: MATTHEW CLANCY

05/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CLANCY, MATTHEW J  
**Address:** 212 NW BROKEN OAK TRAIL  
**City-St-Zip:** STUART, FL 34957 US

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: MATTHEW CLANCY

MGRM

05/04/2010

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