

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015243

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

212 NW BROKEN OAK TRAIL  
STUART, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

212 NW BROKEN OAK TRAIL  
STUART, FL 34957

**New Mailing Address:**

**FEI Number:** 65-1059235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:** 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

04/29/2012

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