

# **FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90013 035 \*\*\*\*50.00

**DOCUMENT # L01000001981**

1. Entity Name

FRESHMINDS CONSULTING, LLC



Principal Place of Business

1805 E. WINTERPARK ROAD  
ORLANDO FL 32803

Mailing Address

PO BOX 426  
WINTER PARK FL 32790



2. Principal Place of Business

6603 Person Bryan Dr PO Box 1683  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1683  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Orlando FL

City & State

Indy 11 Wild, CA

4. FEI Number

59-3679066

Applied For

Not Applicable

Zip

Country

USA

Zip

92549

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT L ESQ.  
20 N. EOLA DR.  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BENNER, BRUCE P	
STREET ADDRESS	PO BOX 426 PO Box 1683	
CITY-ST-ZIP	WINTER PARK FL 32790 Indy 11 Wild, CA 92549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/18/05 951-306-5555

Daytime Phone #