


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L01000009214 1. Entity Name DWD CONSULTING LLC	
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Principal Place of Business 3155 NW 82 AVE #101 MIAMI, FL 33122 US	Mailing Address 3155 NW 82 AVE #101 MIAMI, FL 33122 US
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DO NOT WRITE IN THIS SPACE



04062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1112775	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THE DORAN JASON GROUP OF FLORIDA, INC. 3155 NW 82 AVE #101 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASON, DORAN A 3155 NW 82 AVE #101 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWETT, DWIGHT C 3155 NW 82 AVE #101 MIAMI, FL 33122
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<p>U00000702116 04/20/07-80087-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-6-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #