

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 049 *****50.00

DOCUMENT # L01000009985 1. Entity Name EXECUTIVE COMPENSATION CONCEPTS, LLC					
Principal Place of Business 4014 GUNN HIGHWAY, SUITE 140 TAMPA, FL 33624			Mailing Address 4014 GUNN HIGHWAY, SUITE 140 TAMPA, FL 33624		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3725554	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH, ESQ 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, GLENN 4014 GUNN HIGHWAY, SUITE 140 TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dunham, Christopher 166 Colonial Drive Clinton, PA 15026	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, C. RANDOLPH 7849 GROVETON HILLS PLACE JACKSONVILLE, FL 32256	☒ Delete	TITLE	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDGE, SCOTT P.O. BOX 247 SWARTHMORE, PA 190819978	☒	Additional Managing Member Christopher Dunham 166 Colonial Drive Clinton, PA 15026 Thank You ☺		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNY, LARRY 8321 OLD COURTHOUSE RD., SUITE 210 VIENNA, VA 22182	☒			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, DAVE 155 WELLINGTON DRIVE BLOOMINGDALE, IL 60108	☒			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENCE, RALPH 112 FLINTSHIRE WAY COPELL, TX 75019	☐			
11. I hereby certify that the information supplied with this filing does not indicated on this report is true and accurate and that my signature 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			Date 3/31/05 Daytime Phone # (727) 943-8149		