

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90051 032 ****50.00

DOCUMENT # L01000013930

1. Entity Name

MID-SOUTH CONSULTING, LLC



Principal Place of Business

JIM STONE, 5090 DOWN POINT LANE
WINDERMERE FL 34786

Mailing Address

JIM STONE, 5090 DOWN POINT LANE
WINDERMERE FL 34786

2. Principal Place of Business

5213 ISLEWORTH COUNTRY

3. Mailing Address

5213 ISLEWORTH COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

CLUB DRIVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E083 (4/04)

4. FEI Number

59-3738518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, JIM
5090 DOWN POINT LANE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

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

5213 ISLEWORTH COUNTRY CLUB DRIVE

City

WINDERMERE

FL

Zip Code
34786

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME STONE, JIM
STREET ADDRESS 5090 DOWN POINT CIR
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 119.07(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: X

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

Date

Daytime Phone #