

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000013934

1. Entity Name
S.L.D. CONSULTING, LLC



Principal Place of Business
3134 TALA LOOP
LONGWOOD, FL 32779

Mailing Address
3134 TALA LOOP
LONGWOOD, FL 32779



01292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DASH, SANDRA L
3134 TALA LOOP
LONGWOOD, FL 32779

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DASH, SANDRA L
STREET ADDRESS	3134 TALA LOOP
CITY - ST - ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

2/2/04 (407) 444 0415

Date

Daytime Phone #