

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2005 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**



01062005 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, 2005**

U000000211678
02/02/05 08:20 803 55:00

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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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:

Sandra L Dash

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

1/21/05 407 444 0415

Date

Daytime Phone #