## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000021400

1. Entity Name

WHL CONSULTING, LLC



## FILED Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90013 010 \*\*\*\*50.00

THEIMANN, DA 11380 PROSPERITY FARMS RD 217 PALM BEACH GARDENS FL 33410  TITLE NAME SITRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TIT					W. W.						
PALM BEACH GARDENS FL 39410	Principal Plac	e of Business	Mailing Address			7					
Suite, Apt. #, stc.   Suite, Apt. #, stc.   City & State   City & City & State   City & State   City & City & State   City & City & City & State   City & City & State   City &			11380 PROSPERITY FAR	RMS RD 217		11111	<b>.</b> Bil <b>b</b> il komu jibil belil boli	<b>88</b> /11 <b>88</b> /18 118	( <b>2</b> 1 )( <b>3</b> 11 <b>8</b> 18)) (	<b>18</b> 11) <b>88</b> 11 ( <b>23</b> 1)	
City & State	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Doelrod   \$5.00 Additional   Fee People of Country   Status Doelrod   Status Doelr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Country	City & State	е	City & State	City & State		4. FEI Num	ber <b>65-1152977</b>	7			
Name and Address of Current Registered Agent	Zip	Country Zip Coun			у	5. Certificat	e of Status Desired		\$5.00 Ad	Iditional	
THIEMAN, DIETRA 11380 PROSPERTY FARMS RD 217 PALM BEACH GARDENS FL 33410  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with,		6. Name and Address of Cur			7. Name an	d Address of New Re		· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
11380 PROSPERITY FARMS RD 217   PALM BEACH GARDENS FL 33410   End	TLUE	**************************************	₹* 8=8 8= 1 masses **								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.	1138	80 PROSPERITY FARMS RD 2		-			<del>,_,</del>	<u> </u>			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bobblactions of registered agent.    Company   File				-	City				Zip Coc		
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Signature   True   Signature   True   Signature   Si	the obligati	named entity submits this stateme ions of registered agent.	ent for the purpose of changing	its registered	d office or registe	ered agent, or b	oth, in the State of Flori	ida. I am fa	miliar with,	, and accept	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME THEMANN, DA 11380 PROSPERITY FARMS RD 217 CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable (N	OTF: Begistered	 Anent signature require	d when reinstation)		DATE			
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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 the and accurate and that my signature shall have the same legal effect as if made under out to the them.	11. I hereby co	ertify that the information supplied	with this filing does not qualify f	for the exemp	ption stated in Se	ection 119.07(3)	(i), Florida Statutes. I fi	urther certif	y that the ir	nformation	

Daytime Phone #