## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002213

Entity Name: GMX CONSULTING, LLC

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4230 WINDING WILLOW DR. 13176 N. DALE MABRY TAMPA, FL 33618

SUITE 421

TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

4230 WINDING WILLOW DR. 13176 N. DALE MABRY TAMPA, FL 33618 SUITE 421

TAMPA, FL 33618

FEI Number: 45-0463643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRESTON, ALAN J 4230 WINDING WILLOW DR. TAMPA, FL 33618

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition PRESTON, ALAN J PRESTON, ALAN J Name: Name: Address: 13176 N. DALE MABRY SUITE 421

4230 WINDING WILLOW DR Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: HOWARD, SAMUEL P Name: HOWARD, SAMUEL P

Address: 14715 SEMINOLE TRAIL Address: 13176 N. DALE MABRY SUITE 421

City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN PRESTON **MGRM** 04/25/2006