

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006378**

1. Entity Name  
IVY LEAGUE CONSULTING, LLC



Principal Place of Business  
SUITE 405  
100 WEST GORE STREET  
ORLANDO, FL 32806

Mailing Address  
SUITE 405  
100 WEST GORE STREET  
ORLANDO, FL 32806



01272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
46-0488372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAMOY, PAMELA  
SUITE 405  
100 WEST GORE STREET  
ORLANDO, FL 32806

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME HUNTER, PATRICK T  
STREET ADDRESS STE 404 A 100 W GORE ST  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE  
NAME  
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CITY-ST-ZIP

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U00000225774  
02/11/05-80056-003 50.00

**DO NOT WRITE  
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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:** \* \*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

\* 2-8-05 \*  
Date

\* 407 839-1155 \*  
Daytime Phone #