

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 008 *****50.00

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DOCUMENT # L02000008263

1. Entity Name

PROFESSIONAL MANAGEMENT CONSULTANTS, LLC



Principal Place of Business

6504 SAYLERS CREEK COURT
TALLAHASSEE FL 32309
US

Mailing Address

6504 SAYLERS CREEK COURT
TALLAHASSEE FL 32309
US

00007043

2. Principal Place of Business

6504 Sayers Creek Ct

Suite, Apt. #, etc.

Tallahassee, FL

City & State

3. Mailing Address

P.O. Box 30325

Suite, Apt. #, etc.

Pensacola, FL

City & State

32503

Country

ESCAMBIA

Zip

Country

32309

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6. Name and Address of Current Registered Agent

STANLEY, JUDY-ANN R
6504 SAYLERS CREEK COURT
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Judy-Ann R. Stanley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

Judy Ann R Stanley

04-28-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STANLEY, JUDY-ANN R
STREET ADDRESS 6504 SAYLERS CREEK COURT
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE MGRM
NAME STANLEY, PAUL E
STREET ADDRESS 6504 SAYLERS CREEK COURT
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE MGRM
NAME MATTHEWS, JIM
STREET ADDRESS 301 SUNSET DRIVE
CITY-ST-ZIP BECKLEY WV 25801

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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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:

Judy Ann Stanley

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

Date

Daytime Phone #

4-28-03 219-1549

CR2E083 (10/02)