

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012054

1. Entity Name
THE FLORIDA CONSULTING GROUP, LLC



Principal Place of Business
10 SOUTH 7TH STREET
FERNANDICA BEACH, FL 32034

Mailing Address
10 SOUTH 7TH STREET
FERNANDICA BEACH, FL 32034



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0443187

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, RUSSELL PHD
4602 CARLTON DUNES DRIVE
UNIT 5
AMELIA ISLAND, FL 32034

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RIDLEY, RUSSELL
4602 CARLTON DRIVE, UNIT #5
AMELIA ISLAND, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHURMAN RIDLEY, JAN
4602 CARLTON DRIVE, UNIT #5
AMELIA ISLAND, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000187135
01/21/05-80086-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-18-05

Date

Daytime Phone #