

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030415

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** HOLLAND CONSULTING, LLC

**Current Principal Place of Business:**

269 OKEECHOBEE COVE  
DESTIN, FL 32541 US

**New Principal Place of Business:**

17 BUCK ROAD  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

269 OKEECHOBEE COVE  
DESTIN, FL 32541 US

**New Mailing Address:**

17 BUCK ROAD  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 02-0651527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLAND, CINDY T  
269 OKEECHOBEE COVE  
DESTIN, FL 32541 US

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

HOLLAND, CINDY T  
17 BUCK ROAD  
SANTA ROSA BEACH, FL 32459 US

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: CINDY T. HOLLAND

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: HOLLAND, CINDY  
Address: 269 OKEECHOBEE COVE  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOLLAND, CINDY  
Address: 17 BUCK ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDY T. HOLLAND

MGR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date