LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031888

1. Entity Name

FELLSMERE CONSULTING, LLC



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90057 014 ****50.00

	DO N	IOT WRIT	E IN THIS	SPACE				
2. Principal Place of Business 241 Bradley Place Suite, Apt. #, etc.			3. Mailing Addres 241 Brad1 Suite, Apt. #, et	ey Place		DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number Applied For		
Palm Beach, Florida			Palm Beach, Florida					ot Applicable
Zip 33480	ing 11 Mag Lett Han 1 was a track to a ke	Country USA	^{Zip} 33480	Country USA		5. Certificate of Status Desired	\$5.00 Add	ditional
						7. Name and Address of Current F	legistered Agent	
	n	O NOT W	NDITE		lame Jarrison	K. Chauncey, Jr.		·
		O_NOT_V	YRUE		reet Address (P	O-Box Number is Not Acceptable)		
		V THIS S	PACE					
			- , , , , ,	2	41 Bradle	ov Dlace		
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8. The abov	e named entity	/ Submits this statement	6	<u> </u>	lorida			
the obliga	ations of regist	r submits this statement ered agent.	for the purpose of chang	ging its registered of	fice or registered	d agent, or both, in the State of Flori	da. I am familiar with, ar	nd accept
	ū							
SIGNATURE	Signature, twood	or printed name of registered age						
	Signature, typeu (or printed hame or registered age	ant and title if applicable.				DATE	
				FEE IS \$50	.00			
			Make Check F	ayable to Florid	a Departmen	of State		
				DUE BY MA	¥1			
9. TITLE	Managin	MANAGING MEME	BERS/MANAGERS					
NAME		ng Member		THLE				
STREET ADDRESS	Salidra 241 Pro-	T. Kaupe	•	NAME				
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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 eignature 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 regeiver or trustee encowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (

TO THE OF PUNIED NAME OF SIGNING MANAGING MEMBER

AGER, ON AUTHORIZED REPRESENTATIVE

(561) 833-3001

Daytime Phone

Date