

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

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

DOCUMENT # L02000031888

1. Entity Name

FELLSMERE CONSULTING, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

241 Bradley Place

Suite, Apt. #, etc.

3. Mailing Address

241 Bradley Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Harrison K. Chauncey, Jr.

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

241 Bradley Place

City

Florida

FL

Zip Code

33480

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Managing Member	Sandra T. Kaupe	241 Bradley Place	Palm Beach, FL 33480
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
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

(561) 833-3001

Date

Daytime Phone #