2004 LIMITED LIABILITY COMPANY --. ANNUAL REPORT (AR)

DOCUMENT # L02000032258

FILED Apr 06, 2004 8:00 am Secretary of State 03-09-2004 90292 032 ****55.00

1. Entity Name ALTERNATIVE CONSULTANTS, LLC						03-09-2004 90252 032 35.00
) -						9
Principal Place of Business Mailing Address					·	
5799 100 WAY NORTH			5799 100 WAY NORTH			34002853
ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708				33708		
						: HORION OR STRA WAN DATA DATA DATA DATA DATA DATA HARA HARA BARA DATA LANDA HI HARA
2. Principal P	Place of Busin	ess	3. Mailing Address	Mailing Address		
Suite, Apt. #. etc.			Suite, Apt. #, etc.			MOORE CR2E083 (11/03)
						~ 047690373
City & State			City & State			4. FEI Number AP-PLIED FOR Applied For Not Applied For
Zip	}	Country	Zip	Coun	itry	Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current			t Registered Agent	*		7. Name and Address of New Registered Agent
بخرنی محمد محمد					Name	ي بر در
NRAI SERVICES, INC. 526 EAST PARK AVE.					-Street Addres	ss (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301					 -	
					City	FL Zip Code
8. The above	named entity	submits this statement	for the purpose of changing	its register	ed office or regis	
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 again and total 4 applicable. (NOTE: Registered Again agrature required when reinstating) [Automorphism of the control of t						
FILE NOW!!! FEE IS \$50.00						
					orida Departr ay 1, 2004 🦠	
9. MANAGING MEMBERS/MANAGERS				10.	E MATERIAL COMPANY	ADDITIONS/CHANGES
ITTLE	MGR		☐ Delete	TITL	£ T	☐ Change ☐ Addition
NAME VERVLIET, BENNI				NAM	1	
STREET ADDRESS 5799 100 WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708					EET ADDRESS	
TITLE				1171		☐ Change ☐ Addition
RAME			— -•·•	NAM	Æ	
STREET ADDRESS]				EET ADORESS	
CITY-ST-ZIP	 	·			-ST-ZIP	
MILE - NAME		سيسجر والجوارسات	☐ Delete	FITL NAM	E E	☐ Change ☐ Addition
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-GITY-SI-ZIP		**** - ****		CITY	-ST-ZIP	<u></u>
IIILE	l		C Delete	m		☐ Change ☐ Addition
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CITY-ST-ZIP					-ST-ZIP	
TITLE	 		☐ Delete	πι	E -	☐ Change ☐ Addition
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STREET ADDRESS					EET ADDRESS	
CITY-ST-ZIP	ļ		P .		-ST-ZIP	
TITLE HAME	1		Delete	TIT). Naa	ľ	☐ Change ☐ Addition
STREET ADDRESS					eet adoress	
CITY-ST-ZIP	Ì				-ST-ZIP	
11. Thereby 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 eath; 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 HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

VERVLIET B.

92,19.04