

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033074

Entity Name: LLW CONSULTANTS, LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

2600 CENTENNIAL PLACE
SUITE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 16098
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 76-6201303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ROBERT S
C/O LEWIS, LONGMAN & WALKER, P.A.
2600 CENTENNIAL PLACE, SUITE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LEWIS, ROBERT S
Address: 2600 CENTENNIAL PLACE, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR
Name: DURDEN, BRENNNA
Address: 245 RIVERSIDE AVENUE, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR
Name: LINN, JAMES W
Address: 2600 CENTENNIAL PLACE, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR
Name: RATKA, EDWIN A
Address: 515 N FLAGLER DRIVE SUITE 1500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: WALKER, STEPHEN A
Address: 515 N FLAGLER DRIVE SUITE 1500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: DIFFENDERFER, ROBERT P
Address: 515 N FLAGLER DRIVE SUITE 1500
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: ROBERT S LEWIS

MGR

02/16/2011

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