

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000011

FILED
Feb 15, 2010
Secretary of State

Entity Name: CAPITAL CITY CONSULTING, L.L.C.

Current Principal Place of Business:

101 EAST COLLEGE AVE SUITE 303
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 EAST COLLEGE AVE SUITE 303
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 01-0759013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IAROSI, NICHOLAS V III
101 EAST COLLEGE AVENUE, SUITE 303
TALLAHASSEE, FL 32301 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: MGRM
Name: WESTER, GERALD C
Address: 101 EAST COLLEGE AVE SUITE 303
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM
Name: O'CONNELL, PATRICIA G
Address: 101 EAST COLLEGE AVE SUITE 303
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM
Name: IAROSI, NICHOLAS V III
Address: 101 EAST COLLEGE AVE SUITE 303
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM
Name: LAFACE, RONALD C JR.
Address: 101 EAST COLLEGE AVE SUITE 303
City-St-Zip: TALLAHASSEE, FL 32301

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: GERALD C. WESTER

MM

02/15/2010

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