

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001283

1. Entity Name
INTAKE CONSULTING LLC



Principal Place of Business
275 JOHN KNOX ROAD
FF201
TALLAHASSEE, FL 32303 US

Mailing Address
P.O. BOX 14403
TALLAHASSEE, FL 32317

2. Principal Place of Business
3513 Dogwood Valley Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State

Zip
32312

Country
Leon

Zip

Country

01022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0926109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL
275 JOHN KNOX ROAD
FF201
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Miguel Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
3513 Dogwood Valley Trail
City
Tallahassee FL Zip Code
32312

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 MIGUEL GONZALEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-8-2004

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALEZ, MIGUEL 275 JOHN KNOX ROAD #FF201 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIMBERLAKE, ASHLEY 275 JOHN KNOX ROAD #FF201 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALEZ, ANGEL T 3513 DOGWOOD VALLEY TRAIL TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Thais Gonzalez 3513 Dogwood Valley Trail Tallahassee, Florida 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Cristina Carter 3513 Dogwood Valley Trail Tallahassee, Florida 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600028688126 02/13/04--01004--004 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MIGUEL GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-8-2004

Date

850-294-1069

Daytime Phone #

FILED
04 FEB -9 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

