

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90217 007 \*\*\*\*50.00

**DOCUMENT # L03000004182**

1. Entity Name  
**S & C EACHO CONSULTING, L.L.C.**



Principal Place of Business  
**1576 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE, FL 32225**

Mailing Address  
**1576 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE, FL 32225**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**51-0447972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KELLY, TIMOTHY P P.A.  
1016 LASALLE STREET  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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

*Charles H. Eacho / Susan S. Eacho*

*2/26/07*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

*Company was dissolved 12/3/2006  
See attached letter*

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
EACHO, SUSAN S  
1576 NOTTINGHAM KNOLL DRIVE  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
EACHO, CHARLES H  
1576 NOTTINGHAM KNOLL  
JACKSONVILLE, FL 32225**

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**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Charles H. Eacho / Susan S. Eacho*

*2/26/07*

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

Date

Daytime Phone #