

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 033 ****50.00

DOCUMENT # L03000025809

1. Entity Name

FIRESTONE CONSULTING, LLC



Principal Place of Business

7295 SACIMENTO PLACE
DELRAY BEACH, FL 33446

Mailing Address

7295 SACIMENTO PLACE
DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

~~80-0051718~~ 20-0051718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIRESTONE, JOSEPH
7295 SACIMENTO PLACE
DELRAY BEACH, FL 33446

**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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FIRESTONE, JOSEPH
STREET ADDRESS	7295 SARIMENTO PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	
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IN THIS SPACE**

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: _____

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

4/27/05 561 865 1991

Date

Daytime Phone #