

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 NOV 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026828

1. Entity Name
DMH CONSULTANTS, L.L.C.



Principal Place of Business
13800 BRICKTON COURT
ORLANDO, FL 32837

Mailing Address
13800 BRICKTON COURT
ORLANDO, FL 32837



2. Principal Place of Business
3000 NORTH A1A

3. Mailing Address
3000 North A1A

Suite, Apt. #, etc.
8C

Suite, Apt. #, etc.
8C

City & State
N. Hutchinson Is, FL

City & State
N. Hutchinson Is, FL

Zip
34949

Country
St Lucie

Zip
34949

Country
St. Lucie

11102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0120546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DAVID M
13800 BRICKTON COURT
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name HARRIS, DAVID M

Street Address (P.O. Box Number is Not Acceptable)
3000 NORTH A1A

8C

City N. Hutchinson Is, FL Zip Code 34949

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 DAVID M HARRIS, MGR

David M Harris

11-23-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HARRIS, DAVID M
STREET ADDRESS 13800 BRICKTON COURT
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME HARRIS, DAVID M
STREET ADDRESS 3000 North A1A
CITY-ST-ZIP N. HUTCHINSON IS, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800043049708
CITY-ST-ZIP 11/29/04--01084--002 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DAVID M HARRIS, MGR

David M Harris

11-23-04

772 466 3476

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

Date

Daytime Phone #

772 466 3476