


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90046 012 \*\*\*\*50.00

<b>DOCUMENT # L03000030361</b>	
1. Entity Name KMG CONSULTING OF VOLUSIA COUNTY, LLC	

Principal Place of Business 9 NEEDLES LANE ORMOND BEACH, FL 32174	Mailing Address 9 NEEDLES LANE ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



01232008No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0154592	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  GARCIA, KAYLEEN M RN 9 NEEDLES LANE ORMOND BEACH, FL 32174
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**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 restate) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, KAYLEEN M 9 NEEDLES LN ORMOND BEACH, FL 32174
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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: *X Kayleen RN* 1/27/06 (386)2959758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1/23/06: HUB: 6



ATTACHMENT  
20020765

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

KMG CONSULTING OF VOLUSIA COUNTY, LLC  
9 NEEDLES LANE  
ORMOND BEACH, FL 32174

Subject: ~~KMG CONSULTING OF VOLUSIA COUNTY, LLC~~

Reference Number: **L03000030361**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION