

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031880

FILED  
Jan 04, 2006  
Secretary of State

**Entity Name:** RELATIONSHIP DYNAMICS CONSULTING, LLC

**Current Principal Place of Business:**

4973 BACOPA LANE SOUTH  
#305  
SAINT PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

4973 BACOPA LANE SOUTH  
#305  
SAINT PETERSBURG, FL 33715 US

**New Mailing Address:**

**FEI Number:** 45-0523565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, JEAN T  
4973 BACOPA LANE SOUTH  
#305  
SAINT PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STRICKLAND, JEAN T  
Address: 4973 BACOPA LANE SOUTH #305  
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: MGRM ( ) Delete  
Name: TANKERSLEY, KIMBERLY A  
Address: 203 SAN JUAN DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: TANKERSLEY, KIMBERLY A  
Address: 101 S 12TH ST #310  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN T STRICKLAND

PRES

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date