



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

505/33900391
05-04-2005 90039 022 ****50.00
L04000010668

DOCUMENT # L04000010668 1. Entity Name VARN CONSULTING, L.L.C.				 FILED 2005 OCT 10 AM 9:45 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 7038 HANGING VINE WAY TALLAHASSEE FL 32317		Mailing Address P.O. BOX 15404 TALLAHASSEE FL 32317-5404		 1st MOORE CR2E083 (10/04)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BREWSTER, JAMES R 547 N. MONROE STREET, STE. 203 TALLAHASSEE FL 32301	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARN, SANDI A P.O. BOX 15404 TALLAHASSEE FL 32317-5404	<input type="checkbox"/> Delete			
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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 <u>Sandi Varn</u> SANDIA VARN			4-29-05 850-309-0321		