2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000010668

1. Entity Name
VARN CONSULTING, L.L.C.

Principal Place of Business	Mailing Address
7038 HANGING VINE WAY TALLAHASSEE, FL 32317	P.O. BOX 15404 TALLAHASSEE, FL 32317-5404

DO NOT WRITE IN THIS SPACE

06282007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 September 14, 2007

U000000766853
07/03/07-80003-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	VARN, SANDI A
STREET ADDRESS	P.O. BOX 15404
CITY-ST-ZIP	TALLAHASSEE, FL 323175404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Sandi Varn_   SANDI A. VARN   6/28/07   850 2222113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #