

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011180

Entity Name: ALAIMO CONSULTING GROUP LLC

**FILED**  
**Jan 20, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

63 FOUNTAIN CIR  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

63 FOUNTAIN CIR  
NAPLES, FL 34119

**New Mailing Address:**

6017 PINE RIDGE ROAD  
#118  
NAPLES, FL 34119

FEI Number: 20-0711956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALAIMO, CHARLES E  
63 FOUNTAIN CIR  
NAPLES, FL 34119 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALAIMO, CHARLES E  
Address: 63 FOUNTAIN CIR  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALAIMO, CHARLES E  
Address: 63 FOUNTAIN CIR  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES E. ALAIMO

MGRM

01/20/2005

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