

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90054 040 \*\*\*\*50.00

**DOCUMENT # L04000022526**

1. Entity Name  
**GIDE CONSULTING LLC**



Principal Place of Business  
**610 NORTH DIXIE HIGHWAY  
LANTANA, FL 33462**

Mailing Address  
**610 NORTH DIXIE HIGHWAY  
LANTANA, FL 33462**

**30008267**



2. Principal Place of Business

3. Mailing Address

**1801 South Federal Highway  
Suite 300  
Delray Beach, FL 33483**

Suite, Apt. #, etc.

City & State

Zip

Country

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0911273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK, MICHAEL G ESQ.  
610 NORTH DIXIE HIGHWAY  
LANTANA, FL 33462**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1801 South Federal Highway  
Suite 300**

City

**Delray Beach, FL 33483**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

**5/9/06**  
DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GOLDSTEIN, JON  
610 NORTH DIXIE HIGHWAY  
LANTANA, FL 33462**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1801 South Federal Highway  
Suite 300  
Delray Beach, FL 33483**

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/9/06** **561-582-4434**

Date Daytime Phone #