

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90118 048 \*\*\*\*50.00

**DOCUMENT # L04000023348**

1. Entity Name  
**IT LEADERSHIP GROUP, LLC**



Principal Place of Business  
**113 CALLAWAY CT  
DELAND, FL 32724 US**

Mailing Address  
**2607 S. WOODLAND BLVD  
#283  
DELAND, FL 32720 US**

20046523



2. Principal Place of Business  
**4335 Mariners Cove Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**4335 Mariners Cove Dr.**  
Suite, Apt. #, etc.

03182006 Chg-LLC CR2E083 (11/05)

City & State  
**Wellington, FL**

City & State  
**Wellington, FL**

4. FEI Number  
**32-0121192**  
Applied For  
Not Applicable

Zip  
**33467**  
Country  
**USA**

Zip  
**33467**  
Country  
**US**

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

**DUNNAM, BRIAN O  
113 CALLAWAY CT  
DELAND, FL 32724**

Name  
**Dunnam, Brian O**  
Street Address (P.O. Box Number is Not Acceptable)

**4335 Mariners Cove Dr.**  
City  
**Wellington** FL Zip Code  
**33467**

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]*

**4/16/06**

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 May 1, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DUNNAM, BRIAN O  
113 CALLAWAY CT  
DELAND, FL 32724** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DUNNAM, BRIAN O  
4335 Mariners Cove Dr.  
Wellington, FL 33467** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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]*

**4/16/06**

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

Daytime Phone #