FILED
May 09, 2005 8:00 am
Secretary of State

04-14-2005 90028 042 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028183

1. Entity Name
DWB CONSULTING SERVICES, LLC

30005817

Principal Place of Business	Mailing Address
4343 NW 95TH WAY SUNRISE, FL 33351	4343 NW 95TH WAY SUNRISE, FL 33351

03072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	~~C/O BLAKESBERG & CO CPAS~~ 951 SW 4th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOCA RATON FL
Zip / Country	Zip: 33432 / Country

4. FEI Number: 20-0992405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERMAN, MARIO D ESQ
100 E. SAMPLE ROAD STE. 320
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name: JON D BLAKESBERG
Street Address (P.O. Box Number is Not Acceptable): 951 SW 4TH AVE
City: BOCA RATON, FL Zip Code: 33432

DEPARTMENT OF STATE

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] 4/11/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MNGMEMBER	☐ Delete
NAME	BENJAMIN, DAVID	
STREET ADDRESS	4343 NW 95TH WAY	
CITY-ST-ZIP	~~SUNRISE FL 33351~~	
TITLE	~~MEMBER~~ manager	☐ Delete
NAME	MCGREGOR, JANET	
STREET ADDRESS	4343 NW 95th WAY	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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: David Benjamin 4/12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #