2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90016 029 ****50.00

DOCUMENT # L04000028183

1. Entity Name
DWB CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
4343 NW 95TH WAY SUNRISE, FL 33351	C/O BLACKSBERG & CO. CPAS 951 SW 4TH AVE BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE

04202006No Chg-LLC CR2EC83 (11/05)

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

BLAKESBERG, JON D
951 SW 4TH AVE
BOCA RATON, FL 33432

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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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BENJAMIN, DAVID
STREET ADDRESS	4343 NW 95TH WAY
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	~~MGR~~
NAME	~~MCGREGOR, JANET~~
STREET ADDRESS	~~4343 NW 95TH WAY~~
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33351~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: (X) David Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #