

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90014 009 ****55.00

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DOCUMENT # L04000034223 1. Entity Name MENARDS CONSULTING SERVICES LLC			
Principal Place of Business 127 SUNSET COVE LANE PALM BEACH GARDENS, FL 33418		Mailing Address 127 SUNSET COVE LANE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 9091 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE # 16 City & State PALM BEACH GARDENS, FL 3 Zip 33410 Country USA		3. Mailing Address 9091 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE # 16 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	
01042005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-1072926	
5. Certificate of Status Desired - <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MENARD, KENNETH E 127 SUNSET COVE LANE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Kenneth E. Menard</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>January 7, 2005</u>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MANAGER <input type="checkbox"/> Delete KENNETH E. MENARD 127 SUNSET COVE LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kenneth E. Menard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>January 7, 2005</u> <u>561-624-0878</u> <small>Date Daytime Phone #</small>	