


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90117 050 \*\*\*\*\*55.00

DOCUMENT # L04000036205	
1. Entity Name DALE CONSULTING, LLC	

Principal Place of Business 6654 NW 42 TERRACE COCONUT CREEK, FL 33073	Mailing Address 6654 NW 42 TERRACE COCONUT CREEK, FL 33073
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60023248



2. Principal Place of Business - No P.O. Box # 5101 NW 21st Ave. Suite, Apt. #, etc. Suite 440	3. Mailing Address 9750 NW 11th St. Suite, Apt. #, etc.
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03082007 Chg-LLC CR2E083 (12/06)

City & State Ft. Lauderdale, FL	City & State Plantation, FL
Zip 33309	Country USA
Zip 33322	Country USA

4. FEI Number 20-1158646	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DALE, SUSAN P 6654 NW 42 TERRACE COCONUT CREEK, FL 33073
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7. Name and Address of New Registered Agent Name Susan P. Dale Street Address (P.O. Box Number is Not Acceptable) 9750 NW 11th Street City Plantation FL Zip Code 33322
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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 <u>Susan P. Dale</u> DATE <u>3/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALE, SUSAN P 6654 NW 42 TERRACE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dale, Susan P 9750 NW 11th St. Plantation, FL 33322 <input checked="" 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 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.
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SIGNATURE: <u>Susan P. Dale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/8/07</u> <small>Date</small>	<u>954-461-0387</u> <small>Daytime Phone #</small>
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