ANNUAL REPORT

DOCUMENT # L04000039859 Jan 31, 2005 8:00 am Secretary of State 1. Entity Name APEX CONSULTING, LLC 01-31-2005 90202 030 ****50.00 Principal Place of Business Mailing Address **3866 BEACON RIDGE WAY** 3866 BEACON RIDGE WAY CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 73-1705626 Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMSTRONG, FLOYD 3866 BEACON RIDGE WAY Street Address (P.O. Box Number is Not Acceptable) CLERMONT, FL 34711 121 Zip Code City a. n the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ - DATE TO A DE Instating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE Change ARMSTRONG, FLOYD NAME NAME STREET ADDRESS 3866 BEACON RIDGE WAY STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE Defete TITLE Addition Change NAME NAME - Projection STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME 100 mis & 1 100 cm 10 1 mm to \$100 cm NAME क्षित्रमुक्त राज्यात राज्याच्या हो। या राज्याच STREET ADDRESS STREET ADDRESS man the managers CITY-ST-7IP CITY-ST-ZIP i), Florida Statutes. I further certify that the information I am a managing member or manager of the 11.

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