

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061914**

1. Entity Name  
**INDEPENDENT CONSULTING SERVICES, LLC**



Principal Place of Business  
**7541 GLENMOOR LANE  
 WINTER PARK, FL 32792**

Mailing Address  
**7541 GLENMOOR LANE  
 WINTER PARK, FL 32792**



01092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1233916</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEWIS, PATRICK E  
 7541 GLENMOOR LANE  
 WINTER PARK, FL 32792**

**DO NOT WRITE  
 IN THIS SPACE**

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 retreating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEWIS, PATRICK E
STREET ADDRESS	7541 GLENMOOR LANE
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	MGRM
NAME	LEWIS, DEBRAH J
STREET ADDRESS	7541 GLENMOOR LANE
CITY-ST-ZIP	WINTER PARK, FL 32792

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 03/10/06-80056-008 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2-27-06*

Date

*407-677-6194*

Daytime Phone #