

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069079

FILED
Aug 02, 2005
Secretary of State

Entity Name: DICKERSON CONSULTANTS, LLC

Current Principal Place of Business:

1470 SW 101ST TERR.
#203
PEMBROKE PINES, FL 33025

New Principal Place of Business:

11605 CREST BROOK PLACE
RIVERVIEW, FL 33569

Current Mailing Address:

1470 SW 101ST TERR.
#203
PEMBROKE PINES, FL 33025

New Mailing Address:

11605 CREST BROOK PLACE
RIVERVIEW, FL 33569

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKERSON, SEAN
1470 SW 101ST TERR.
#203
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

DICKERSON, SEAN
11605 CREST BROOK PLACE
RIVERVIEW, FL 33569 US

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.

SIGNATURE: SEAN L. DICKERSON

08/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DICKERSON, MANIPHONE
Address: 1470 SW 101ST TERR.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DICKERSON, MANIPHONE S
Address: 11605 CREST BROOK PLACE
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANIPHONE S. DICKERSON

MGRM

08/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date