

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069445

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** JOE KAMINSKI CONSULTING, LLC

**Current Principal Place of Business:**

3518 LAKE JOYCE DRIVE  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

3518 LAKE JOYCE DRIVE  
LAND O'LAKES, FL 34639

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULLER, MICHAEL W  
2701 W. BUSCH BLVD. #141  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      CEO                      ( ) Change (X) Addition  
Name:                      KAMINSKI, JOSEPH E  
Address:                      3518 LAKE JOYCE DRIVE  
City-St-Zip:                      LAND O' LAKES, FL 34639 US

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: JOSEF E. KAMINSKI                      CEO                      04/30/2005

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