

**4-2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90024 050 ***138.75

DOCUMENT # L04000073919

1. Entity Name
HISTORIC FLORIDA CONSULTING, LLC



Principal Place of Business

1484 MITCHELL AVENUE
TALLAHASSEE, FL 32303

Mailing Address

1484 MITCHELL AVENUE
TALLAHASSEE, FL 32303

60036975



05012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, J. STANLEY
223 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

*606 East Jefferson St.
Tallahassee, FL 32301*

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LACIVITA, BETH J
STREET ADDRESS	1484 MITCHELL AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Beth J Lacivita*

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

Date

Daytime Phone #

5/1/08