2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-12-2005 90016 047 ****50.00

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01032005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000075076

1. Entity Name
TRACEY VELT CONSULTING, LLC

Principal Place of Business	Mailing Address
1319 CHESSINGTON CIRCLE HEATHROW FL 32746 US	1319 CHESSINGTON CIRCLE HEATHROW FL 32746 US

2. Principal Place of Business		3. Mailing Address	
820 Preserve Terr.		820 Preserve Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Heathrow FL		City & State: Heathrow FL	
Zip: 32746	Country: US	Zip: 32746	Country: US

4. FEI Number: 20-1793251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VELT, TRACEY C
1319 CHESSINGTON CIRCLE
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name: Tracey C. Velt
Street Address (P.O. Box Number is Not Acceptable): 820 Preserve Terrace
City: Heathrow FL Zip Code: 32746

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: Tracey C Velt president DATE: 4-6-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	President	☐ Delete
NAME	Tracey C Velt	
STREET ADDRESS	820 Preserve Terr	
CITY-ST-ZIP	Heathrow FL 32746	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Tracey C Velt 4-6-05 407 333 8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #