

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90017 021 \*\*\*\*55.00

**DOCUMENT # L04000090523**

1. Entity Name  
CLC CONSULTING SERVICES, LLC



Principal Place of Business  
655 CHANCEY LANE  
TALLAHASSEE, FL 32308

Mailing Address  
655 CHANCEY LANE  
TALLAHASSEE, FL 32308

**20063430**

2. Principal Place of Business

655 Chancey Lane

Suite, Apt. #, etc.

3. Mailing Address

655 Chancey Lane

Suite, Apt. #, etc.



07062005 Chg-LLC CR2E083 (10/03)

City & State

Tallahassee, FL

Zip 32308

Country Leon

City & State

Tallahassee, FL

Zip 32308

Country Leon

4. FEI Number

20 204 0020

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, NANCY M ESQ.  
106 EAST COLLEGE AVE., SUITE 1200  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

No Change

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CHAVEZ, CHRIS  
STREET ADDRESS 655 CHANCEY LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:**

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

Date

Daytime Phone #

6/20/05