

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073796

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** PROJECT MANAGEMENT CONSULTANTS LLC

**Current Principal Place of Business:**

1503 MAIN ST. #286  
GRANDVIEW, MO 64030

**New Principal Place of Business:**

10636 COLLEGE AVE.  
KANSAS CITY, MO 64137

**Current Mailing Address:**

1503 MAIN ST. #286  
GRANDVIEW, MO 64030

**New Mailing Address:**

10636 COLLEGE AVE.  
KANSAS CITY, MO 64137

**FEI Number:** 20-3209908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEDWICK, JUDITH  
431 LITTLE SPRING HILL DR.  
OCOE, FL 34761 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/MANAGERS:**

**Title:** MGR  
**Name:** GONZALES, JACK A  
**Address:** 10636 COLLEGE AVE  
**City-St-Zip:** KANSAS CITY, MO 64137

**Title:** MGR  
**Name:** GONZALES, SHARON G  
**Address:** 10636 COLLEGE AVE  
**City-St-Zip:** KANSAS CITY, MO 64137

**Title:** MGRM  
**Name:** SCHWAGER, KAREN W  
**Address:** 3200 MONTERRA BLUFF LANE, APT. 606  
**City-St-Zip:** FORT WORTH, TX 76177

I hereby 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:** SHARON GONZALES

MGR

02/20/2012

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