

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90108 002 ****55.00

DOCUMENT # L05000083831

1. Entity Name

INTERMEDIARY CONSULTANTS GROUP LLC



Principal Place of Business

5801 FOUNTAIN DRIVE SOUTH
LAKE WORTH FL 33467
US

Mailing Address

5801 FOUNTAIN DRIVE SOUTH
LAKE WORTH FL 33467
US



2. Principal Place of Business

Suite, Apt. #, etc.
#1116

City & State

West Palm Beach, FL

Zip
33401

Country
US

3. Mailing Address

Suite, Apt. #, etc.
#1116

City & State

West Palm Beach, FL

Zip
33401

Country
US

1st MOORE

CR2E083 (10/05)

4. FEI Number

75-3197695

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CECCHINI, WALTER R JR.
5801 FOUNTAIN DRIVE SOUTH
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name Walter R. Cecchini Jr.

Street Address (P.O. Box Number is Not Acceptable)
1551 N. Flagler Dr. #1116

City West Palm Beach FL Zip Code 33401

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 \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CECCHINI, WALTER R JR.
STREET ADDRESS 5801 FOUNTAIN DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Walter R. Cecchini Jr.
STREET ADDRESS 1551 N. Flagler Dr. #1116
CITY-ST-ZIP West Palm Beach, FL 33401

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

(561) 837-9201