

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084543

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** D. WILSON CONSULTING GROUP, LLC

**Current Principal Place of Business:**

309-1 PONCE BOULEVARD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

14816 AMELIA VIEW DRIVE  
JACKSONVILLE, FL 322216

**Current Mailing Address:**

309-1 PONCE BOULEVARD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

14816 AMELIA VIEW DRIVE  
JACKSONVILLE, FL 322216

**FEI Number:** 04-3827701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KYLE, DEIRDRE D  
309-1 PONCE BLVD  
JACKSONVILLE, FL 32218 US

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

KYLE, DEIRDRE D  
14816 AMELIA VIEW DRIVE  
JACKSONVILLE, FL 322216 US

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:

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KYLE, DEIRDRE D PRINCIP  
Address: 14816 AMELIA VIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

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: DEIRDRE D. KYLE

PRIN

01/11/2010

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