

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2 Mar 13, 2006 8:00 am
Secretary of State

02-21-2006 90177 011 ****50.00

DOCUMENT # L05000086847

1. Entity Name
CRH CONSULTING, LLC



Principal Place of Business
3607 ASHLING DRIVE
LAKELAND, FL 33803

Mailing Address
3607 ASHLING DRIVE
LAKELAND, FL 33803

30002277



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

30-0333399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

Name

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 renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE M.M.
NAME Cynthia Hallock, M.M.
STREET ADDRESS 3607 Ashling Dr.
CITY-ST-ZIP Lakeland, FL 33803-5206

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-17-06

863-701-7711

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

Date

Daytime Phone #

Cynthia R. Hallock