

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 003 ***138.75

60017548



03052008 Chg-LLC CR2E083 (12/06)

| | | | |
|--|--|---|---|
| DOCUMENT # L05000087259 1. Entity Name EXQUISITE CONSULTING CO, LLC | | | |
| Principal Place of Business 1732 WEST COUNTY HIGHWAY 30-A SUITE 105 SANTA ROSA BEACH, FL 32459 US | | Mailing Address 1732 WEST COUNTY HIGHWAY 30-A SUITE 105 SANTA ROSA BEACH, FL 32459 US | |
| 2. Principal Place of Business - No P.O. Box # 605 N. Co. Hwy 393 Suite, Apt. #, etc. #9E City & State Santa Rosa Beach FL Zip 32459 Country US | | 3. Mailing Address 605 N. Co. Hwy 393 Suite, Apt. #, etc. #9E City & State Santa Rosa Beach FL Zip 32459 Country US | |
| 4. FEI Number 20-3407539 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MATTHEWS, DANA C MATTHEWS & HAWKINS, P.A. 4475 LEGENDARY DRIVE DESTIN, FL 32541 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BECKER, LARRY P SR 4399 COMMONS DRIVE SUITE 200 DESTIN, FL 32541 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4507 Furling Ln Suite 108 Destin, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLARK, TIMOTHY M 4399 COMMONS DRIVE SUITE 200 DESTIN, FL 32541 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4507 Furling Ln Suite 108 Destin, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BECKER, LARRY P JR 4507 FURLING LANE SUITE 108 DESTIN, FL 32541 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Dawn McFarlane</u> | | Date <u>3/6/08</u> Daytime Phone # <u>850-267-2160</u> | |