## FILED Jan 12, 2006 8:00 am Secretary of State 01-12-2006 90038 007 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY** 01-12-2006 90038 007 \*\*\*\*5

ANNUAL REPORT										
DOCUMENT # L05000091861  1. Entity Name ELEMENTAL WRITING CONSULTING, LLC			·							
Principal Place	e of Business	Mailing Address			20000494					
529 OAKMONT DRIVE		529 OAKMONT DRIVE				2000	0101			
ORANGE PAR	K, FL 32073	ORANGE PARK, FL 320	)/3			1181 BIRIN 88111 88111 88111			I TH AN K <b>i i</b> i	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042006	Chg-LLC	CR2E083 (1			
City & State		City & State			4. FEI Number 38	<u> 37278</u>	35-	Not	plied For t Applicable	
Zip	Country	. Zip Coun		ury	5. Certificate o	l Status Desired		00 Addi Required		
	6. Name and Address of Current	No-	7. Name and A	Address of New Re	gistered Agen	t				
CEBULSKIE, ELIZABETH J				Name						
529 OAKM	ONT DRIVE PARK, FL 32073	Street Addres			P.O. Box Number	is Not Acceptable	) 			
				City			FL <sup>2</sup>	Zip Code	<del></del>	
The above named entity submits this statement for the purpose of changing its registers.				ed office or register						
the obligat	ions of registered agent.					,				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	id Agent signature required	t when reinstating)		DATE			
Fi D	iling Fee is \$59.00 ue by May 1, 2006					Florida		ble to of State		
9.	MANAGING MEMBE		10.	T		ADDITIONS/		Change	☐ Addilion	
TITLE NAME	CEBULSKIE, ELIZABETH J	☐ Delete	TITL NAM	ŀ			U	Onenge		
STREET ADDRESS CITY-ST-ZIP	529 OAKMONT DRIVE ORANGE PARK, FL 32073			EET ADDRESS (-ST-ZIP						
TITLE	MGR	☐ Delete	īm					Change	Addition	
NAME	CEBULSKIE, KEVIN P		NAM	AE						
STREET ADDRESS CITY-ST-ZIP	529 OAKMONT DRIVE ORANGE PARK; FL- 32073			EET ADDRESS (+ST-ZIP		<u> </u>			, <del></del>	
TITLE		☐ Delete	ΤΙΤΙ	.E	<u> </u>			Change	Addition	
NAME STREET ADDRESS			NAM CTD	AE EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
TITLE		☐ Delete	TITL	i				Change	☐ Addition	
NAME STREET ADDRESS			NAA STR	AE EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS			NAN STR	eet address						
CITY-ST-ZIP			ÇIT	Y-\$T-ZIP						
TITLE		☐ Delete	TITL	i				Change	☐ Addition	
NAME STREET ADDRESS			NAM STR	ME LEET ADDRESS						
CITY-ST-ZIP			CIT	Y-ST-ZIP	· · · ·		_			
I indicated	certify that the information supplied will f on this report is true and accurate and	i Ihai my signature shall have	the sam	ie legal ellect as it i	made under oath:	: (nat i am a manag	urther certify tha ging member or	it the info manage	ormation at of the	
! limited lia	ability company or the receiver or truste	e empowered_to execute this	report a	is required by Char	oter 608, Florida S	statutes.			0011	
SIGNAT	Elizabeth	ebulaki	$M_0$	ir, itur	Membe	reniber	Jary 8,20	06	<u> 272-0</u> 91	