


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 043 ****50.00

DOCUMENT # L05000098952 1. Entity Name DEVCON CONSULTANTS, LLC					
Principal Place of Business 320 BARLOW AVE., UNIT 70 SARASOTA, FL 34232			Mailing Address 320 BARLOW AVE., UNIT 70 SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMAJ, SELIM 320 BARLOW AVE., UNIT 70 SARASOTA, FL 34232				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date	Daytime Phone #

40058232



04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3806045** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

MGR
Rajaj, Selim
320 Barlow Ave., Unit 70
Sarasota, FL 34232

ATTACHMENT

~~#105000092952~~
LAW OFFICES OF

40058232

DUNLAP & MORAN, P.A.

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1990 MAIN STREET
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April 20, 2006

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6166-7

Division of Corporations
Post Office Box 6478
Tallahassee, FL 32314

Re: DEVCON CONSULTANTS, LLC

Dear Sir/Madam:

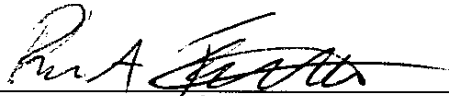
Enclosed herewith for filing is the 2006 Limited Liability Annual Report, in connection with the above-referenced limited liability company.

Also, **enclosed** please find a check in the amount of \$50.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.


Ryan A. Featherstone, Esq.

RAF:6166-7/Ltr - Div of Corp - An Rpt filing
Enclosures