

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102756

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** OLIVER CONSULTING LLC

**Current Principal Place of Business:**

1515 GUNN HIGHWAY  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

5915 TRAILSIDE DRIVE  
PARK CITY, UT 84098 US

**New Mailing Address:**

1515 GUNN HIGHWAY  
ODESSA, FL 33556 US

**FEI Number:** 20-3713880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTIAN, OLIVER  
1515 GUNN HIGHWAY  
ODESSA, FL 33556 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CHRISTIAN, OLIVER  
**Address:** 5915 TRAILSIDE DRIVE  
**City-St-Zip:** PARK CITY, UT 84098

**Title:** MGR  
**Name:** OLIVER, THOMAS  
**Address:** 203 E RAMPART STREET  
**City-St-Zip:** TAMPA, FL 33604

**Title:** MGR  
**Name:** BREA, MAI  
**Address:** 213 SHADDY HOLLOW  
**City-St-Zip:** CASSELBERRY, FL 32407

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:** CHRISTIAN OLIVER

MGR

03/15/2010

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