

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90036 017 ****50.00



DOCUMENT # L05000118553

1. Entity Name

TRIAD CONSULTING SERVICES GROUP, LLC

Principal Place of Business

352 FOREST PINES ROAD
AIKEN SC 29803

Mailing Address

352 FOREST PINES ROAD
AIKEN SC 29803

2. Principal Place of Business - No P.O. Box #

693 W. PLEASANT COLONY

3. Mailing Address

693 W. PLEASANT COLONY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AIKEN, SC

City & State

AIKEN, SC

Zip

29803

Country

AIKEN

Zip

29803

Country

AIKEN

6. Name and Address of Current Registered Agent

COGHILL, TRACY L
3080 TAMIAMI TRAIL EAST
C/O TREISER, COLLINS & VERNON
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

20-4041754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

William J. Rundorff

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: RUNDORFF, WILLIAM J
STREET ADDRESS: 9246 TROON LAKES DR
CITY- ST- ZIP: NAPLES FL 34109

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY- ST- ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 693 W. PLEASANT COLONY
CITY- ST- ZIP: AIKEN, SC 29803

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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

William J. Rundorff 4/10/07

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

Date

Daytime Phone #

803-644-4531