

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000098

FILED  
Sep 09, 2006  
Secretary of State

**Entity Name:** DEJONG CONSULTING SERVICES, L.L.C.

**Current Principal Place of Business:**

16026 72ND DRIVE N.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

16026 72ND DRIVE N.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DEJONG, SCOTT  
16026 72ND DRIVE N.  
PALM BEACH GARDENS, FL 33418 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: DEJONG, SCOTT  
Address: 16026 72ND DRIVE N.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: DEJONG, MICHELLE  
Address: 16026 72ND DRIVE N.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT DEJONG

MGRM

09/09/2006

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