

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-20-2007 90146 032 *****50.00

3/

DOCUMENT # L06000001954			
1. Entity Name C B CONSULTING LLC			
Principal Place of Business 511 MOSS AVENUE CLEARWATER FL 33759-3432		Mailing Address 511 MOSS AVENUE CLEARWATER FL 33759-3432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



00000000



1st MOORE CR2E083 (10/06)

8. Name and Address of Current Registered Agent WITTING, CLAIRE P 10804 COUNTRY RIVER DRIVE PARRISH FL 34219				4. FEI Number 06-1766389		Applied For ☐ Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
Name				City		FL Zip Code	
Street Address (P.O. Box Number is Not Acceptable)				City		FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLICKLE, CHARLES P 511 MOSS AVENUE CLEARWATER FL 33759-3432	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS 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: Charles P. Blickle **CHARLES P BLICKLE** 03-09-07 **727-787 6268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #