

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022233

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: BINGHAM CONSULTING PROFESSIONALS, LLC

**Current Principal Place of Business:**

1932 REED HILL DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1932 REED HILL DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-4403589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BINGHAM, LEE  
1932 REED HILL DRIVE  
WINDERMERE, FL 34786 US

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

BINGHAM, AMY E  
1932 REED HILL DRIVE  
WINDERMERE, FL 34786 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: AMY BINGHAM

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BINGHAM, LEE  
Address: 1932 REED HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: BINGHAM, AMY  
Address: 1932 REED HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BINGHAM, AMY E  
Address: 1932 REED HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change ( ) Addition  
Name: BINGHAM, LEE  
Address: 1932 REED HILL DRIVE  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: AMY BINGHAM

MRGM

01/12/2009

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