

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024510

FILED
Jan 26, 2008
Secretary of State

Entity Name: HOLLANDGATE CONSULTING LLC

Current Principal Place of Business:

3333 CORMORANT COVE DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

3333 CORMORANT COVE DRIVE
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 03-0583251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, MICHAEL G
3333 CORMORANT COVE DRIVE
JACKSONVILLE, FL 32223 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: MGRM () Delete
Name: HAWKINS, JEAN H
Address: 3333 CORMORANT COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM () Delete
Name: LINN, FRANK E
Address: 589 WILLOW WALK PLACE
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: MGRM () Delete
Name: LINN, MICHAEL W
Address: 2656 E 3RD STREET
City-St-Zip: MONTGOMERY, AL 36107 US

Title: MGRM () Delete
Name: LINN, JOHN E
Address: 4172 CROWNWOOD PLACE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM () Delete
Name: HAWKINS, IAN P
Address: 4172 CROWNWOOD PLACE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM () Delete
Name: HAWKINS, MATTHEW A
Address: 1112 BEDFORD AVE
City-St-Zip: NORFOLK, VA 32505 US

ADDITIONS/CHANGES:

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

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

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

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

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

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: MICHAEL G, LINN

RA

01/26/2008

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