

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032215

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** WATERSHED CONSULTING, LLC.

**Current Principal Place of Business:**

153 SW SHORT LEAF DRIVE  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 808  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 84-1712723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROCKER, JOSEPH ADAM  
153 SW SHORT LEAF DRIVE  
LAKE CITY, FL 32024 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  
**Name:** CROCKER, JOSEPH ADAM  
**Address:** 153 SW SHORT LEAF DRIVE  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** MGRM  
**Name:** TOMPKINS, DALE  
**Address:** 1452 SE COUNTY 349  
**City-St-Zip:** LAKE CITY, FL 32025

I hereby 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:** JOSEPH ADAM CROCKER

MR.

02/04/2011

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