

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032471

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** TINSLEY CONSULTING, LLC

**Current Principal Place of Business:**

218 E. BEARSS AVE.  
#413  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

218 E. BEARSS AVE.  
#413  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 20-4595115      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

TINSLEY, DAVID  
218 E. BEARSS AVE.  
#413  
TAMPA, FL 33613 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: TINSLEY, DAVID  
Address: 218 E BEARSS AVE. #413  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

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: DAVID TINSLEY      MGRM      04/12/2007

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