

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036315

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** MCDONOUGH CONSULTING, LLC

**Current Principal Place of Business:**

284 N. HALIFAX DRIVE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 112227  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CHOWDHURY, EGRAMUL I  
2903 SALZEDO STREET  
PENTHOUSE ONE  
CORAL GABLES, FL 33146 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: MGR ( ) Delete  
Name: MCDONOUGH, WILLIAM  
Address: PO BOX 112227  
City-St-Zip: NAPLES, FL 34108

**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 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:** WILLIAM MCDONOUGH

MGRM

04/14/2008

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