

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048227

1. Entity Name
DOT TO DOT CONSULTANTS, LLC



Principal Place of Business
1523 COLEMAN ST
TALLAHASSEE, FL 32310

Mailing Address
P.O. BOX 5562
TALLAHASSEE, FL 32314

FILED
08 JUL -7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLBERT, DOROTHY R
1523 COLEMAN ST
TALLAHASSEE, FL 32310

Dorothy R. Colbert

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME COLBERT, DOROTHY R
STREET ADDRESS 1523 COLEMAN ST
CITY - ST - ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 600132998666
STREET ADDRESS 07/16/08--01005--018 **277.50
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Dorothy R. Colbert / Dorothy R. Colbert

07/07/08

(850) 264-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #