

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000071690

1. Entity Name

PATTI BARRETT CONSULTING, LLC



Principal Place of Business

4213 RABBIT POND RD.
TALLAHASSEE, FL 32309

Mailing Address

4213 RABBIT POND RD.
TALLAHASSEE, FL 32309

FILED

08 JAN 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4339093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, PATTI
4213 RABBIT POND RD.
TALLAHASSEE, FL 32309

PK

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BARRETT, PATTI
4213 RABBIT POND RD.
TALLAHASSEE, FL 32309

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CITY-ST-ZIP

300115393573
01/17/08--01020--008 **138.75

**DO NOT WRITE
IN THIS SPACE**

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:

Patti Barrett

01-09-08 850-294-1606

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

Date

Daytime Phone #