

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072417

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** BEYER ENVIRONMENTAL CONSULTING, LC

**Current Principal Place of Business:**

1008 OSCEOLA STREET  
#4  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

1008 OSCEOLA STREET  
#1  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1008 OSCEOLA STREET  
#4  
JACKSONVILLE, FL 32204

**New Mailing Address:**

1008 OSCEOLA STREET  
#1  
JACKSONVILLE, FL 32204

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

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

BEYER, CHARLES F  
1008 OSCEOLA STREET  
#4  
JACKSONVILLE, FL 32204 US

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

BEYER, CHARLES F  
1008 OSCEOLA STREET  
#1  
JACKSONVILLE, FL 32204 US

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: \_\_\_\_\_

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BEYER, CHARLES F  
Address: 1008 OSCEOLA STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BEYER, CHARLES F  
Address: 1008 OSCEOLA STREET, #1  
City-St-Zip: JACKSONVILLE, FL 32204

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: CHARLES F. BEYER

MR.

04/25/2008

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