

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072979

Entity Name: GAP CONSULTING, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1657 BEAR CROSSING CIRCLE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1657 BEAR CROSSING CIRCLE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCENTIRE, SCOTT W
1657 BEAR CROSSING CIRCLE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

MCENTIRE, WILLIAM W
1657 BEAR CROSSING CIRCLE
APOPKA, FL 32703 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: WILLIAM W MCENTIRE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCENTIRE, SCOTT W
Address: 1657 BEAR CROSSING CIRCLE
City-St-Zip: APOPKA, FL 32703 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MCENTIRE, WILLIAM W
Address: 1657 BEAR CROSSING CIRCLE
City-St-Zip: APOPKA, FL 32703 US

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: SCOTT W. MCENTIRE

MGRM

04/30/2007

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