

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074195

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** CEDAR BROOK CONSULTING, LLC

**Current Principal Place of Business:**

6716 SW 35TH WAY  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

1659 RUTH PLACE  
SPRINGFIELD, IL 62704 US

**Current Mailing Address:**

6716 SW 35TH WAY  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

1659 RUTH PLACE  
SPRINGFIELD, IL 62704 US

**FEI Number:** 20-5279308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTGOMERY, WILLIAM L  
6716 SW 35TH WAY  
GAINESVILLE, FL 32608 US

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

MONTGOMERY, WILLIAM L  
1659 RUTH PLACE  
SPRINGFIELD, FL 62704 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:

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: MONTGOMERY, WILLIAM L  
Address: 6716 SW 35TH WAY  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PRES  
Name: MONTGOMERY, CHRISTINE L  
Address: 1659 RUTH PLACE  
City-St-Zip: SPRINGFIELD, IL 62704

I hereby 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 MONTGOMERY

CEO

01/13/2011

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