## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 07, 2008 08:00 All Secretary of State **DOCUMENT # L06000074537** 1. Entity Name MAYR CONSULTING, LLC Principal Place of Business Mailing Address 786 ORANGE AVE 786 ORANGE AVE SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5279383 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHOAF, MARGARET Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH TAMIAMI TRAIL SUITE 200 SARASOTA, FL 34239 City 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. (NOTE, Registered Agent signature required when reinstating) 😅 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITI F Change ■ Addition U000000885744 MAYR, JOHANNES F NAME NAME 04/18/08-80926-018 138.75 STREET ADDRESS 786 ORANGE AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP Сhange ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME MARIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE . □ Change NAME NAME The Art Control of 1884 भागतात्रकात्रकारे स्थानकार्यकार्यक्ता । । राज्यसम्बद्धाः STREET ADDRESS STREET ADDRESS الوغوالا أينان CITY-ST-ZIP CITY-ST-ZIP

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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 AND T	YPED OR PRINTED NAME OF SIGNING IL	WAGRIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
SIGNAT	URE:	Melle	J	31-0P	941-851-6222