

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080754

FILED
Sep 02, 2008
Secretary of State

Entity Name: FOUR POINTS CONSULTING, LLC

Current Principal Place of Business:

19108 CENTRE ROSE BLVD.
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

19108 CENTRE ROSE BLVD.
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-5378311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DODGEN, PATRICIA A
Address: 19108 CENTRE ROSE BLVD
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: EMERSON, DALE S
Address: 19108 CENTRE ROSE BLVD
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: ROM, CARLOS JR
Address: 169 DEL PARQUE ST
City-St-Zip: SAN JUAN, PR 00911

Title: MGRM () Delete
Name: ROSSY, HECTOR
Address: 169 DEL PARQUE ST
City-St-Zip: SAN JUAN, PR 00911

ADDITIONS/CHANGES:

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

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

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

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

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: DALE S EMERSON

MGRM

09/02/2008

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