

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000085385

1. Entity Name  
GENSCO CONSULTING, LLC



Principal Place of Business  
110 W HIGHLAND BLVD  
INVERNESS, FL 34452 US

Mailing Address  
110 W HIGHLAND BLVD  
INVERNESS, FL 34452 US



03172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5461171

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DAVIS, ERVIN E  
110 W HIGHLANDS BLVD  
INVERNESS, FL 34452

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000869754  
04/09/08-80062-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SNYDER, WILLIAM S  
110 W HIGHLAND BLVD  
INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, ERVIN E  
110 W HIGHLAND BLVD  
INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ERVIN E. DAVIS 03/19/08 352 634 4635