

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 004 ****50.00

DOCUMENT # L06000117089

1. Entity Name
DCJ CONSULTING SERVICES LLC



Principal Place of Business
766 SHROPSHIRE LOOP
SANFORD, FL 32771

Mailing Address
766 SHROPSHIRE LOOP
SANFORD, FL 32771

2. Principal Place of Business - No P.O. Box #
1 Lloleeta Path
Suite, Apt. #, etc.

3. Mailing Address
1 Lloleeta Path
Suite, Apt. #, etc.

City & State
Palm Coast FL
Zip 32164 Country USA

City & State
Palm Coast FL
Zip 32164 Country USA

07232007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID C
766 SHROPSHIRE LOOP
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name David Johnson
Street Address (P.O. Box Number is Not Acceptable) 1 Lloleeta Path
City Palm Coast FL Zip Code 32164

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)

8/2/07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME JOHNSON, DAVID C
STREET ADDRESS 766 SHROPSHIRE LOOP
CITY-ST-ZIP SANFORD, FL 32771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME David Johnson
STREET ADDRESS 1 Lloleeta Path
CITY-ST-ZIP Palm Coast FL 32164 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2/07

Date

407-547-8595

Daytime Phone #