

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006677

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** TOM T. BROWN CONSULTING, LLC

**Current Principal Place of Business:**

186 S.E. OSPREY RIDGE  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

186 S.E. OSPREY RIDGE  
PORT ST. LUCIE, FL 34984 US

**New Mailing Address:**

**FEI Number:** 20-8365891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
STUART, FL 34994 US

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

CRARY, LAWRENCE E III  
759 S.W. FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994 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:** LAWRENCE E. CRARY III

02/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BROWN, TOM T  
**Address:** 186 S.E. OSPREY RIDGE  
**City-St-Zip:** PORT ST. LUCIE, FL 34984 US

**Title:** MGRM  
**Name:** BROWN, PAULA L  
**Address:** 186 S.E. OSPREY RIDGE  
**City-St-Zip:** PORT ST. LUCIE, FL 34984 US

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:** TOM T. BROWN

MGRM

02/23/2011

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