

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026172

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** TOMLINSON CONSULTING, LLC

**Current Principal Place of Business:**

9781 W. POPLAR STREET  
CRYSTAL RIVER, FL 344238861

**New Principal Place of Business:**

9781 W. POPLAR STREET  
CRYSTAL RIVER, FL 344288861

**Current Mailing Address:**

9781 W. POPLAR STREET  
CRYSTAL RIVER, FL 344238861

**New Mailing Address:**

9781 W. POPLAR STREET  
CRYSTAL RIVER, FL 344288861

**FEI Number:** 20-8613668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, DIANE  
111 W. MAIN STREET, SUITE 203  
INVERNESS, FL 34450 US

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

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  
**Name:** TOMLINSON, PATRICK S  
**Address:** 9781 W. POPLAR STREET  
**City-St-Zip:** CRYSTAL RIVER, FL 344288861

**Title:** MGRM  
**Name:** TOMLINSON, BARBARA D  
**Address:** 9781 W. POPLAR STREET  
**City-St-Zip:** CRYSTAL RIVER, FL 344288861

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:** BARBARA D TOMLINSON

MGRM

01/17/2012

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