

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075182

FILED
Apr 21, 2009
Secretary of State

Entity Name: DIVERSIFIED CONSULTING PARTNERS, LLC

Current Principal Place of Business:

1303 MALLARD LANDING BLVD N
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1303 MALLARD LANDING BLVD N
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 26-0749165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LISA
1303 MALLARD LANDING BLVD N
JACKSONVILLE, FL 32259 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 () Delete
Name: ANALYTICS PARTNERS, INC.
Address: 1303 MALLARD LANDING BLVD N
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: BELL TECHNOLOGY, INC.
Address: 4750 BEAUCHAMP COURT
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: L.G. HAMILTON, INC.
Address: 5001 HAVENWOOD OAKS TERRACE
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: LISA DAVIS

PRES

04/21/2009

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