

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90304 027 \*\*\*138.75

**DOCUMENT # L07000097864**

1. Entity Name  
**RODGERS CONSULTANTS, LLC**



**60020474**

Principal Place of Business  
**10175 FORTUNE PARKWAY, SUITE 1105  
JACKSONVILLE, FL 32256**

Mailing Address  
**10175 FORTUNE PARKWAY, SUITE 1105  
JACKSONVILLE, FL 32256**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20 408 2978**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**WATSON, TODD  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
RODGERS, DARRYL  
10175 FORTUNE PARKWAY, SUITE 1105  
JACKSONVILLE, FL 32256**

☐ Delete

TITLE  
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STREET ADDRESS  
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**10. ADDITIONS/CHANGES**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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 60B, Florida Statutes.

SIGNATURE

*[Signature]*

4/16/08

904-519-8018