

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107100

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: BEDDOWS/MCCANN CONSULTING LLC

**Current Principal Place of Business:**

18331 PINES BLVD, #174  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 500007  
MARATHON,, FL 33050 US

**New Mailing Address:**

FEI Number: 54-2047357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCANN, SHELIA MS.  
18333 PINES BOULEVARD #174  
PEMBROKE PINES, FL, FL 33029 US

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

MCCANN, SHELIA MS.  
18333 PINES BOULEVARD #174  
PEMBROKE PINES, FL 33029 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:

02/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARRISON, STEPHANIE MS.  
Address: PO BOX 500007  
City-St-Zip: MARATHON, FL 33050 US

Title: MGR ( ) Delete  
Name: MCCANN, SHELIA MS.  
Address: 18333 PINES BOULEVARD #174  
City-St-Zip: PEMBROKE PINES, FL 33029 US

**ADDITIONS/CHANGES:**

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: STEPHANIE GARRISON

MGR

02/23/2009

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