

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107100

**FILED**  
**Feb 18, 2010**  
**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 33029 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:** MGR  
**Name:** GARRISON, STEPHANIE MS.  
**Address:** PO BOX 500007  
**City-St-Zip:** MARATHON, FL 33050 US

**Title:** MGR  
**Name:** MCCANN, SHELIA MS.  
**Address:** 18333 PINES BOULEVARD #174  
**City-St-Zip:** PEMBROKE PINES, FL 33029 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:** STEPHANIE GARRISON

PRES

02/18/2010

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