

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108375

Entity Name: LGS CONSULTING, LLC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1660 WILD INDIGO TERRACE  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620278  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 06-1835183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUBOSE, ROBENA  
1660 WILD INDIGO TERRACE  
OVIEDO, FL 32766 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: DUBOSE, ROBENA  
Address: P.O. BOX 620278  
City-St-Zip: OVIEDO, FL 32762

Title: MGRM  
Name: TORRES, SHAWNTAE  
Address: 641 BLENHEIM LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM  
Name: SHAW, RONALD JR.  
Address: 3515 MONUMENT DRIVE  
City-St-Zip: DELTONA, FL 32738

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: ROBENA DUBOSE

MGR

04/27/2011

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