

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90016 023 \*\*\*138.75

60044912



<b>DOCUMENT # L07000109193</b> 1. Entity Name <b>MCBRIDE CONSULTING, LLC</b>					
Principal Place of Business <b>2132 LAS VEGAS TRAIL NAVARRE, FL 32566</b>			Mailing Address <b>2132 LAS VEGAS TRAIL NAVARRE, FL 32566</b>		
2. Principal Place of Business - No P.O. Box # <b>2132 LAS VEGAS TRAIL</b>		3. Mailing Address <b>2132 LAS VEGAS TRAIL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAVARRE, FL</b>		City & State <b>NAVARRE, FL</b>		4. FEI Number <b>35-2313365</b>	
Zip <b>32566</b>		Country <b>Santa Rosa</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32566</b>		Country <b>Santa Rosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCBRIDE, BETTY L 2132 LAS VEGAS TRAIL NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BETTY L 2132 LAS VEGAS TRAIL NAVARRE, FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>Betty L McBride</i>		Date <i>7/14/08</i> Daytime Phone # <i>850-217-9902</i>			

60044912

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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number L07000109193

Business Entity Name MCBRIDE CONSULTING, LLC

Original File Date 10/29/2007

**FEI Number**

Principal Address 2132 LAS VEGAS TRAIL  
NAVARRE, FL 32566

Mailing Address 2132 LAS VEGAS TRAIL  
NAVARRE, FL 32566

Registered Agent BETTY L MCBRIDE  
2132 LAS VEGAS TRAIL  
NAVARRE, FL 32566 US

### Managing Member/Manager Name And Address

MGR  
BETTY L MCBRIDE  
2132 LAS VEGAS TRAIL  
NAVARRE, FL 32566

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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