

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112574

FILED
Jul 07, 2008
Secretary of State

Entity Name: INSIGHTS EMPOWERED CONSULTING GROUP, LLC.

Current Principal Place of Business:

439 S. FLORIDA AVENUE SUITE 300
LAKELAND, FL 33801 US

New Principal Place of Business:

3228 HAWKS RIDGE DRIVE
LAKELAND, FL 33810 US

Current Mailing Address:

PO BOX 866
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 26-1370347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RHINEHART, DAVID B
3228 HAWKS RIDGE DRIVE
LAKELAND, FL 33810 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RHINEHART, AMY
Address: 439 S. FLORIDA AVENUE SUITE 300
City-St-Zip: LAKELAND, FL 33801 US

Title: MGRM () Delete
Name: RHINEHART, DAVID
Address: PO BOX 866
City-St-Zip: LAKELAND, FL 33802 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RHINEHART, AMY
Address: PO BOX 866
City-St-Zip: LAKELAND, FL 33802 US

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: DAVID B RHINEHART

MGRM

07/07/2008

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