


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90074 035 ***138.75

DOCUMENT # L07000122909	
1. Entity Name WOLCOTT CONSULTING, L.L.C.	

Principal Place of Business 1511 US HIGHWAY 1, SUITE 104 SEBASTAIN, FL 32958	Mailing Address 1511 US HIGHWAY 1, SUITE 104 SEBASTAIN, FL 32958
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60008140




02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1553251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DBC CONSULTANTS, INC. 1515 INDIAN RIVER BLVD., SUITE A-210 VERO BEACH, FL 32960-7103	
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7. Name and Address of New Registered Agent Name JAMES WOLCOTT Street Address (P.O. Box Number is Not Acceptable) 1511 US HWY 1 SUITE 104 City SEBASTIAN FL Zip Code 32958	
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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 	DATE 2-11-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLCOTT, JAMES 128 PELICAN ISLAND PLACE SEBASTAIN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: 	DATE: 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	