

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123072

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** MAHAFFEY CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1031 SHADY LAKES CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33094  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

4521 PGA BLVD  
#175  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 26-1552498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAFHEY, SONYA  
1031 SHADY LAKES CIRCLE  
PALM BEACH GARDENS, FL 33418 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: HAFHEY, SONYA  
Address: 1031 SHADY LAKES CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: HAFHEY, CHRISTOPHER R  
Address: 1031 SHADY LAKES CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: SONYA HAFHEY

MGR

01/09/2012

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