

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000014130

FILED  
Aug 24, 2009  
Secretary of State

**Entity Name:** BREAKTHROUGH CONSULTING & COACHING, LLC

**Current Principal Place of Business:**

4055 DRIFTING SAND TRAIL  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5827  
DESTIN, FL 32540 FL

**New Mailing Address:**

**FEI Number:** 26-2017170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TAYLOR, HUTSON M  
4055 DRIFTING SAND TRAIL  
DESTIN, FL 32541 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: MGRM ( ) Delete  
Name: TAYLOR, HUTSON M  
Address: 4055 DRIFTING SAND TRAIL  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: ADAIR, DAVID J  
Address: 45 WHITE CLIFFS LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: TAYLOR, HUTSON M  
Address: 4055 DRIFTING SAND TRAIL  
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change ( ) Addition  
Name: SHARON, TAYLOR A  
Address: 4055 DRIFTING SAND TRAIL  
City-St-Zip: DESTIN, FL 32541

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: H. MARK TAYLOR

D

08/24/2009

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