

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000039411

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ALWAYS CONSULTING, LLC

**Current Principal Place of Business:**

1002 LITTLE FAWN CT  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

923 LEXINGTON PARKWAY  
25  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 33-1213154      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KOPPE, HAROLD L  
923 LEXINGTON PKWY.  
25  
APOPKA, FL 32712 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:** PTNR  
**Name:** WHITWORTH, STEVEN M  
**Address:** 1002 LITTLE FAWN CT  
**City-St-Zip:** APOPKA, FL 32712

**Title:** PTNR  
**Name:** KOPPE, HAROLD  
**Address:** 923 LEXINGTON PKWY  
**City-St-Zip:** APOPKA, FL 32712

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:** HAROLD KOPPE

MR

02/16/2011

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