

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060596

FILED  
Apr 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8751 NORTH HIMES AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

8751 NORTH HIMES AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

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

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

DONALDSON, CHRISTOPHER D  
8751 NORTH HIMES AVE  
TAMPA, FL 33614 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: FORTRESS FAMILY OFFI, CE GROUP, LLC  
Address: 8751 NORTH HIMES AVE  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES:**

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: FORTRESS FAMILY OFFICE GROUP, LLC                      MGRM                      04/06/2009

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