

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077130

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** CIRCLE GROUP CONSULTING, LLC

**Current Principal Place of Business:**

637 HARBOR ISLAND  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

637 HARBOR ISLAND  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 26-3221351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FL 33771 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:** BERNARD, GARY  
**Address:** 637 HARBOR ISLAND  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** MGR  
**Name:** HOCKENBERY, DAVID  
**Address:** 637 HARBOR ISLAND  
**City-St-Zip:** CLEARWATER, FL 33767

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:** GARY BERNARD

MGR

02/10/2010

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