

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098208

FILED
Mar 18, 2009
Secretary of State

Entity Name: CONFLICT FACILITATION CONSULTING, LLC

Current Principal Place of Business:

4951 COBIA DRIVE S.E.
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

4951 COBIA DRIVE S.E.
ST. PETERSBURG, FL 33705

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:

LOWDEN, PEGGI
4951 COBIA DRIVE S.E.
ST. PETERSBURG, FL 33705 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: LOWDEN, PHILIP C
Address: 4951 COBIA DRIVE S.E.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM () Delete
Name: LOWDEN, PEGGI
Address: 4951 COBIA DRIVE S.E.
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PEGGI LOWDEN

MGRM

03/18/2009

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