

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098208

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CONFLICT FACILITATION CONSULTING, LLC

**Current Principal Place of Business:**

1901 OYSTER CATCHER LANE  
# 814  
CLEARWATER, FL 33762

**New Principal Place of Business:**

1515 BONAIR STREET  
CLEARWATER, FL 33755

**Current Mailing Address:**

1901 OYSTER CATCHER LANE  
# 814  
CLEARWATER, FL 33762

**New Mailing Address:**

1515 BONAIR STREET  
CLEARWATER, FL 33755

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LOWDEN, PEGGI  
1901 OYSTER CATCHER LANE  
# 814  
CLEARWATER, FL 33762 US

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

LOWDEN, PEGGI  
1515 BONAIR STREET  
CLEARWATER, FL 33755 US

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:

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOWDEN, PHILIP C  
Address: 1515 BONAIR STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM  
Name: LOWDEN, PEGGI  
Address: 1515 BONAIR STREET  
City-St-Zip: CLEARWATER, FL 33755

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: PEGGI LOWDEN

MGRM

04/30/2011

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