

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027624

Entity Name: W.J. STIVERS CONSULTING, LLC

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6210 NORTH LOCKWOOD RIDGE ROAD, STE. 111  
SARASOTA, FL 34243

**New Principal Place of Business:**

6210 NORTH LOCKWOOD RIDGE ROAD  
SUITE #111  
SARASOTA, FL 34243

**Current Mailing Address:**

6208 CYPRESS BEND COURT  
UNIVERSITY PARK, FL 34201

**New Mailing Address:**

FEI Number: 32-0279268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STIVERS, WILLIAM  
6210 NORTH LOCKWOOD RIDGE ROAD, STE. 111  
SARASOTA, FL 34243 US

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

STIVERS, WILLIAM  
6210 NORTH LOCKWOOD RIDGE ROAD  
SUITE #111  
SARASOTA, FL 34243 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: W. J. STIVERS

01/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STIVERS, WILLIAM  
Address: 6210 NORTH LOCKWOOD RIDGE ROAD, STE. 111  
City-St-Zip: SARASOTA, FL 34243

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: W. J. STIVERS

MGR

01/26/2011

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