

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030358

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** CHAMBERS & ASSOCIATES CONSULTING COMPANY, LLC

**Current Principal Place of Business:**

10300 49TH STREET N SUITE 213  
CLEARWATER, FL 33762

**New Principal Place of Business:**

10300 49TH STREET N SUITE 205  
CLEARWATER, FL 33762

**Current Mailing Address:**

10300 49TH STREET N SUITE 213  
CLEARWATER, FL 33762

**New Mailing Address:**

10300 49TH STREET N SUITE 205  
CLEARWATER, FL 33762

**FEI Number:** 26-4607744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAMBERS, JOHN M  
10300 49TH STREET N SUITE 213  
CLEARWATER, FL 33762 US

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

CHAMBERS, JOHN M  
10300 49TH STREET N SUITE 205  
CLEARWATER, FL 33762 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHAMBERS, JOHN M  
Address: 10300 49TH STREET N SUITE 205  
City-St-Zip: CLEARWATER, FL 33762

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: JOHN M CHAMBERS

MGRM

04/17/2011

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