

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081523

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** SHAW BENNETT CONSULTING GROUP LLC

**Current Principal Place of Business:**

ONE LAS OLAS CIRCLE  
SUITE 1004  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE LAS OLAS CIRCLE  
SUITE 1004  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 27-0789815      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BENNETT, TRACY M  
ONE LAS OLAS CIRCLE  
SUITE 1004  
FORT LAUDERDALE, FL 33316 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  
**Name:** BENNETT, TRACY M  
**Address:** ONE LAS OLAS CIRCLE, SUITE 1004  
**City-St-Zip:** FORT LAUDERDALE, FL 33316 US

**Title:** MGRM  
**Name:** SHAW, WALTER R JR.  
**Address:** ONE LAS OLAS CIRCLE, SUITE 1004  
**City-St-Zip:** FORT LAUDERDALE, FL 33316 US

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:** TRACY M. BENNETT

MGRM

01/14/2012

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