

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120467

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MEYERS CONSULTING SOLUTIONS, LLC

**Current Principal Place of Business:**

401 MERLIN AVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

43 LARCH COURSE  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 372916  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 27-1560453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WF ACCOUNTING INC  
735 3RD AVE  
SATELLITE BEACH, FL 32937      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:** MEYERS, KELLI S  
**Address:** 10635 BLUE LARKSPUR CT  
**City-St-Zip:** LAS VEGAS, NV 89141

**Title:** MGR  
**Name:** MEYERS, TRAVIS M  
**Address:** 10635 BLUE LARKSPUR CT  
**City-St-Zip:** LAS VEGAS, NV 89141

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: KELLI S. MEYERS

MGRM

04/20/2011

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