

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008326

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** VALRICO ASSET MANAGEMENT CONSULTING, LLC

**Current Principal Place of Business:**

3602 CINNAMON TRACE DR.  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

3602 CINNAMON TRACE DR.  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILCOX LAW, P.A.  
735 ARLINGTON AVE. N.  
SUITE 102  
ST. PETERSBURG, FL 33701 US

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

WILCOX LAW, P.A.  
721 FIRST AVE. N.  
SUITE 100  
ST. PETERSBURG, FL 33701 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: LISA R. WILCOX

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM  
Name: WILCOX, ALAN F  
Address: 3602 CINNAMON TRACE DR.  
City-St-Zip: VALRICO, FL 33596 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: ALAN F. WILCOX

MGMR

04/04/2011

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