

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090308

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** PHILIPPART CONSULTING, LLC

**Current Principal Place of Business:**

6889 DOLCE ST  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

6889 DOLCE ST  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 27-3349929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILIPPART, MONICA F  
6889 DOLCE ST  
ORLANDO, FL 32819 US

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

PHILIPPART, MONICA F PHD  
6889 DOLCE ST  
ORLANDO, FL 32819 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: MONICA PHILIPPART

03/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHILIPPART, MONICA F PHD  
Address: 6889 DOLCE ST  
City-St-Zip: ORLANDO, FL 32819 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: MONICA PHILIPPART

PHD

03/11/2011

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