

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094206

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ENCON CONSULTING, LLC

**Current Principal Place of Business:**

11871 CATRAKEE DRIVE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

9485 REGENCY SQUARE BLVD.  
SUITE 460  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

11871 CATRAKEE DRIVE  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

9485 REGENCY SQUARE BLVD.  
SUITE 460  
JACKSONVILLE, FL 32225 US

**FEI Number:** 27-3556315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGLER, MITCHELL W  
1431 RIVERPLACE BLVD.  
SUITE 910  
JACKSONVILLE, FL 32207 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:** ENCON HOLDING, LLC  
**Address:** 9485 REGENCY SQUARE BLVD., SUITE 460  
**City-St-Zip:** JACKSONVILLE, FL 32225 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:** ENCON HOLDING, LLC

MGRM

04/26/2011

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