


2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


2012 JUN 12 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000107866	
1. Entity Name NOW CONSULTANTS, LLC	

Principal Place of Business 1630 PARK AVE FORT MYERS, FL 33901 US	Mailing Address POB 1291 FORT MYERS, FL 33902 US
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2. Principal Place of Business - No P.O. Box # 1630 Park Ave	3. Mailing Address POB 1291
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Myers FL	City & State Fort Myers FL
Zip 33901	Country Lee
Zip 33902	Country Lee

	
05152012	Chg-LLC CR2E083 (12/11)
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCAROLA, FRANK R 1630 PARK AVE FORT MYERS, FL 33902	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 28, 2012	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCAROLA, FRANK R 1630 PARK AVE FORT MYERS, FL 33902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE: 6/1/12	E-MAIL ADDRESS: FRANK@FASTFRANK.COM
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LIVE.