2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT					FILED				
DOCUMENT # L10000107866 1. Entity Name NOW CONSULTANTS, LLC						2012 JUN	,		1
			1			erent i	ra dv Ai	T OTATE	•
Principal Place of Business Mailing Address			1,000		1	SECRE?	ASSEE,	FLORIC	Ā
1630 PARK AVE POB 1291 FORT MYERS, FL 33901 US FORT MYERS, FL 33902)2 US						
	, i	70KT WTEKS, TE 3330	,		 	411 8 81)) 8 2 111 6 8 111 6 8 11	BI 11211 BBI# 188	2 8: 8 8)) # Y	(20) Ki ida
2. Principal Place of Bosiness - No P.O. Box # 3. Mailing Address				<u> </u>					
Suite, Apt.	30 1 and Ane #, etc.	Suite, Apt. #, etc.	10B 1291 Ite, Apt. #, etc.						
City & Star	10	City & State			05152012	Chg-LLC	CR2E0	83 (12/11)	flind For
F	ort Veyers H	Fort Fort	s H.	4. FEI Number				plied For t Applicable	
Zip 334	201 Country Lee	zip 33902	Country	Lee	5. Certificate of	Status Desired		5.00 Addi	
	6. Name and Address of Current I	Name	7. Name and A	ddress of New R	egistered A	gent			
SCAROLA, FRANK R 1630 PARK AVE				Street Address (P.O. Box Number is Not Acceptable)					
	ERS, FL 33902			Substitutions (1.0. Box Namion is Not Acceptable)					
			_	City				Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its r			ed agent or both	in the State of Flo	FL ride Lam fa		
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 Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when tolerstating) OATE									
	#138.75				P f	Mill of the mo	135 (N)	e j	200
	E NOW!!! FEE IS \$536:7 5 by September 28, 2012				· [3	Florida	e check pa Departme	nt of State	
9.	MANAGING MEMBER		10.			ADDITIONS /	CHANGES		□ A satisticate
TITLE NAME	MGR SCAROLA, FRANK R	- Deleta	TITLE NAME		•			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1630 PARK AVE FORT MYERS, FL 33902	•	STREET AL	I					1
TITLE	TORT WITERO, TE 33332	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET AL	DUBE 62					
CITY-ST-ZIP			CITY-ST-		· 				
TITLE NAME		Delete	TITLE NAME					Change	☐ Add₄tion
STREET ADDRESS	•		STREET AL						
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NAME		Deserte	NAME		50	02363	<u> </u>	_	
STREET ADDRESS CITY-ST-ZIP			STREET AL	l l	067137	02363 1201005	005	**138	. 75
TITLE		☐ Delete	TITLE		<u></u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET AC	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS		$\sim 10^{-1}$	STREET AC						
11. I hereby certify that the information supplied with this himofdoes 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 his floridastical 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 paceived of trustee employees to effect this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 6/1/2 PAST TRANKO									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS									