## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

								_		
DOCUMENT # L10000129784  1. Entity Name					FILED					
WELSH	CONSULTANTS, LLC				<b>i</b>	2012 JUN -5	PM 12	: 58		
Principal Place of Business		Mailing Address			1 .	SECRETARY ALLAHASSE	OF ST	ATr-		
1618 LAIRD STREET		1618 LAIRD STREET			1/	ALLAHASSE	FILO	WIE .		
KEY WEST, FL 33040		KEY WEST, FL 33040			1 (44)(4) UP		~ + 1 E.Q.	пид	LBG) III IBG	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05172012	Chg-LLC	CR2E0	83 (12/11)		
City & State		City & State		4. FEI Numbe NOT AF	r PLICABLE			plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Addi ee Required	tional	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered A	gent		
				Name						
WELSH, JAMES F 1618 LAIRD STREET KEY WEST, FL 33040				Street Address (	(P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	, ,	
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flor	ida. I am fa	miliar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	. Registere	d Agent signature require:	d when remetating)		DATE		<del></del>	
	#13875									
FILE NOW!!! FEE IS \$528.75 Due by September 28, 2012					1 	·씨는 . 🙌 Make	check pa	yable to nt of State		
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	
NAME	WELSH, JAMES F		NAME	:						
STREET ADDRESS	1618 LAIRD STREET		STRE	ET ADDRESS						
CITY-ST-ZIP	KEY WEST, FL 33040		слу-	- ST-ZIP					}	
TITLE	MGRM	☐ Delete	TITLE	· <del>····</del>				Change	Addition	
NAME	WELSH, MARIE A	_ Belete	NAME							
STREET ADDRESS	1618 LAIRD STREET			ET ADDRESS	80	002359	950°	168		
CITY-ST-ZIP	KEY WEST, FL 33040			-ST-ZIP	06/08	71201001	012	**138	. 75	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
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STREET ADORESS			1	T ADDRESS					}	
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TITLE		☐ Delete	TITLE			······································		☐ Change	Addition	
NAME			NAME	:					_	
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	nne	}				Change	Addition	
NAME			NAME							
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
indicated	ertify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee.	hat my signature shall have t	the same	e legal effect as if r	nade under oath	; that I am a manag	rther certify ing membe	that the info	rmation r of the	

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E-MAIL ADDRESS