

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003495

Entity Name: OCOEE CONSULTING LLC

**FILED**  
**May 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1490 KNOWLES AVE.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

605 WEST CHASE STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1490 KNOWLES AVE.  
PENSACOLA, FL 32503

**New Mailing Address:**

605 WEST CHASE STREET  
PENSACOLA, FL 32501

FEI Number: 45-2622257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLOUNLACKER, DEIRDRA  
1490 KNOWLES AVE.  
PENSACOLA, FL 32503 US

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

FLOUNLACKER, DEIRDRA  
605 WEST CHASE STREET  
PENSACOLA, FL 32501 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/27/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHITE, MERRILEE  
Address: 1907 IVAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: FLOUNLACKER, DEIRDRA  
Address: 605 WEST CHASE STREET  
City-St-Zip: PENSACOLA, FL 32501

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: DEIRDRA FLOUNLACKER

MGRM

05/27/2012

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