

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105818

**FILED**  
**Jun 11, 2012**  
**Secretary of State**

**Entity Name:** CHOWN CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

215 W. COLLEGE AVE.  
UNIT 603  
TALLAHASSEE, FLORIDA, 32301

**New Principal Place of Business:**

215 W. COLLEGE AVE.  
SUITE 603  
TALLAHASSEE, FLORIDA, FL 32301 UN

**Current Mailing Address:**

215 W. COLLEGE AVE.  
UNIT 603  
TALLAHASSEE, FLORIDA, 32301

**New Mailing Address:**

215 W. COLLEGE AVE.  
SUITE 603  
TALLAHASSEE, FLORIDA, FL 32301 UN

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CHOWN, CRAIG  
215 W. COLLEGE AVE  
UNIT 603  
TALLAHASSEE, FL 32301 US

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

CHOWN, CRAIG  
215 W. COLLEGE AVE  
SUITE 603  
TALLAHASSEE, FL 32301 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: CRAIG CHOWN

06/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOWN, CRAIG L  
Address: 215 W. COLLEGE AVE., SUITE 603  
City-St-Zip: TALLAHASSEE, FL 32301

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: CRAIG CHOWN

MGRM

06/11/2012

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