

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119741

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** CONSULTANT MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

6150 E PLUM ST  
INVERNESS, FL 34452

**New Principal Place of Business:**

852 S US HIGHWAY 41  
INVERNESS, FL 34450

**Current Mailing Address:**

PO BOX 1719  
INVERNESS, FL 34451

**New Mailing Address:**

852 S US HIGHWAY 41  
INVERNESS, FL 34450

**FEI Number:** 38-3853909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLER, RYAN G  
6150 E PLUM ST  
INVERNESS, FL 34452 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALLER, CHAD W  
Address: 10909 S RUNNING DEER POINT  
City-St-Zip: INVERNESS, FL 34452

Title: MGRM  
Name: WALLER, TROY C  
Address: 4367 W AMITY ROAD  
City-St-Zip: SALADO, TX 76571

Title: MGRM  
Name: WALLER, RYAN G  
Address: 6150 E PLUM STREET  
City-St-Zip: INVERNESS, FL 34452

Title: CEO  
Name: ALFONSO, GIRALDO  
Address: 8709 BLACKCREEK BLVD  
City-St-Zip: ORLANDO, FL 32829

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: GIRALDO ALFONSO

CEO

02/21/2012

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