

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY -3 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001855 AF

DOCUMENT # L98000001785

1. Entity Name
ANDERSON ROHR CONSULTING GROUP, LLC

Principal Place of Business

4911 STONECREST DRIVE
LAKELAND FL 33813

Mailing Address

P.O. BOX 7610
LAKELAND FL 33807-7610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520699

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, DALE J
4911 STONECREST DRIVE
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME ANDERSON, DALE J
STREET ADDRESS 4911 STONECREST DRIVE
CITY- ST- ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME 800003267688--6
STREET ADDRESS -05/26/00--01003--018
CITY- ST- ZIP *****50.00 ☐ Change ☐ Addition

TITLE MGR ☒ Delete
NAME ROHR, MICHAEL R
STREET ADDRESS 2729 62ND AVENUE SOUTH
CITY- ST- ZIP ST. PETERSBURG FL 33712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Michael R. Rohr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00

Date

850-425-5641

Daytime Phone #

CR2:063 (1/99)