

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 29, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001785**1. Entity Name
ANDERSON CONSULTING GROUP, LLC

| | |
|-----------------------------|-------------------|
| Principal Place of Business | Mailing Address |
| 4911 STONECREST DRIVE | P.O. BOX 7610 |
| LAKELAND FL 33813 | LAKELAND FL 33807 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number
59-3520699
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required6. Name and Address of Current Registered Agent

ANDERSON DALE J
4911 STONECREST DRIVE

LAKELAND FL 33813 US7. Name and Address of New Registered Agent

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 _____ DATE **05/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANDERSON DALE J 4911 STONECREST DRIVE LAKELAND FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Dale J. Anderson Mr. 05/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)