

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # M00000002236

1. Entity Name
KRAMER CONSULTANTS, LLC



Principal Place of Business
**3536 BAY ISLAND CIRCLE
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**3536 BAY ISLAND CIRCLE
JACKSONVILLE BEACH, FL 32250**



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2559864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.
3010 THIRD STREET
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | KRAMER, NORMAN |
| STREET ADDRESS | 3536 BAY ISLAND CIRCLE |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | MGRM |
| NAME | KRAMER, DOLORES |
| STREET ADDRESS | 3536 BAY ISLAND CIRCLE |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | MGRM |
| NAME | NORMAN KRAMER |
| STREET ADDRESS | 3536 BAY ISLAND CIRCLE |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000995874
04/24/08-80087-001 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**964-
10 APRIL 08 249-6983**

ORIGINAL