

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000063

1. Entity Name
PFM DADE CONSULTANTS, LLC



Principal Place of Business
C/O THE CORPORATION TRUST COMPANY
CORPORATION TRUST CTR, 1209 ORANGE ST
WILMINGTON, DE 19801

Mailing Address
C/O THE CORPORATION TRUST COMPANY
CORPORATION TRUST CTR, 1209 ORANGE ST
WILMINGTON, DE 19801



02172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2328299

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WHITE, JOHN F MGR
STREET ADDRESS	TWO LOGAN SQUARE, #1600
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	MASVIDAL PARTNERS, INC.
STREET ADDRESS	201 ALHAMBRA CIRCLE #1401
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	DIVERSIFIED MANAGEMENT INTERNATIONAL, INC.
STREET ADDRESS	35 NE 40TH STREET, #307
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000237250
02/21/05-80050-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

215-567-6100