


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90051 031 ****50.00

DOCUMENT # M04000004298 1. Entity Name LLQ CONSULTING, LLC			
Principal Place of Business 13180 N. CLEVELAND AVE., #320 N FT MYERS, FL 33903		Mailing Address 13180 N. CLEVELAND AVE., #320 N FT MYERS, FL 33903	
2. Principal Place of Business 13180 N. Cleveland Ave Suite, Apt. #, etc. #126 City & State N. FT Myers, FL Zip 33903 - Country USA		3. Mailing Address 13180 N. Cleveland Ave. #126 Suite, Apt. #, etc. #126 City & State N. FT Myers, FL Zip 33903 - Country USA	
6. Name and Address of Current Registered Agent EBERHARDT, RICHARD P 13180 N CLEVELAND AVENUE #320 N FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name NANCY L Eberhardt Street Address (P.O. Box Number is Not Acceptable) 13180 N. Cleveland Ave #126 City N. FT. Myers FL Zip Code 33903	
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 <u>Nancy L Eberhardt - Manager</u> DATE <u>8/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EBERHARDT, RICHARD P 13180 N CLEVELAND AVE., E320 N FT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NANCY L Eberhardt 13180 N. Cleveland Ave #126 N. FT. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Nancy L Eberhardt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>8/31/06</u> Daytime Phone # <u>239-997-9997</u>	