

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004298

Entity Name: LLQ CONSULTING, LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

13180 N. CLEVELAND AVE.
SUITE 126
NORTH FORT MYERS, FL 33903

Current Mailing Address:

13180 N. CLEVELAND AVE.
SUITE 126
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

13180 N. CLEVELAND AVE.
SUITE 228
NORTH FORT MYERS, FL 33903

New Mailing Address:

13180 N. CLEVELAND AVE.
SUITE 228
NORTH FORT MYERS, FL 33903

FEI Number: 74-3083963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EBERHARDT, NANCY L
13180 N CLEVELAND AVENUE
SUITE 126
N FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

EBERHARDT, NANCY L
13180 N CLEVELAND AVENUE
SUITE 228
N FT MYERS, FL 33903 US

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: NANCY L EBERHARDT

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EBERHARDT, NANCY L
Address: 13180 NORTH CLEVELAND AVE SUITE 126
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY L EBERHARDT

MGR

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date