

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002703

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON CONSULTING FIRM, LLC

**Current Principal Place of Business:**

1608 LONGFELLOW ST NW  
WASHINGTON, DC 20011

**New Principal Place of Business:**

1608 LONGFELLOW ST NW  
WASHINGTON, DC 20011 US

**Current Mailing Address:**

1608 LONGFELLOW ST NW  
WASHINGTON, DC 20011

**New Mailing Address:**

1608 LONGFELLOW ST NW  
WASHINGTON, DC 20011 US

**FEI Number:** 90-0698208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPHERD, JAMES E ESQ  
1450 W SR 434  
STE 200  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ANDERSON, JOHN  
**Address:** 1608 LONGFELLOW ST NW  
**City-St-Zip:** WASHINGTON, DC 20011 US

**Title:** MGRM  
**Name:** ANDERSON, JULIE  
**Address:** 1608 LONGFELLOW ST NW  
**City-St-Zip:** WASHINGTON, DC 20011 US

I hereby 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:** JOHN ANDERSON

MGRM

05/01/2012

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