

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050524

Entity Name: NONPROFIT MANAGEMENT CONSULTING, LLC

Current Principal Place of Business:

5424 NW 46TH TERRACE
GAINESVILLE, FL 32653

Current Mailing Address:

5424 NW 46TH TERRACE
GAINESVILLE, FL 32653 US

FEI Number: 26-7572172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, JEANNETTE
5424 NW 46TH TERRACE
GAINESVILLE, FL 32653 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name PETERS, JEANNETTE
Address 5424 NW 46TH TERRACE
City-State-Zip: GAINESVILLE FL 32653

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANNETTE PETERS

MGRM

01/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date