

**2015 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

**OWNER**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date