

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133026

**Entity Name:** SOLE CONSULTING LLC

**Current Principal Place of Business:**

1822 N. BELCHER RD  
SUITE 200  
CLEARWATER, FL 33765

**Current Mailing Address:**

PO BOX 40144  
ST. PETERSBURG, FL 33743 US

**FEI Number:** 46-1084341

**Certificate of Status Desired:** No

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

JAMES, SOLE  
6015 ALDERFER SPRINGS DRIVE  
JACKSONVILLE, FL 32258 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 MGR  
Name SOLE, KATHRYN J  
Address PO BOX 40144  
City-State-Zip: ST PETERSBURG FL 33743

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHRYN SOLE

**MANAGER**

**04/12/2013**

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

\_\_\_\_\_  
Date