

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000135507

**Entity Name:** DR SAMUEL L WRIGHT CONSULTING, LLC

**Current Principal Place of Business:**

3445 PARK SQUARE EAST  
APT. #1  
TAMPA, FL 33613

**Current Mailing Address:**

3445 PARK SQUARE EAST  
APT. #1  
TAMPA, FL 33613

**FEI Number:** 46-3402624

**Certificate of Status Desired:** No

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

WRIGHT, SAMUEL L DR.  
3445 PARK SQUARE EAST  
APT. #1  
TAMPA, FL 33613 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            WRIGHT, SAMUEL L SR.  
Address        3445 PARK SQUARE EAST, APT. 1  
City-State-Zip: TAMPA FL 33613

Title            MGRM  
Name            WRIGHT, VEOLETTA  
Address        301 NORTHEAST 26TH AVENUE  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** SAMUEL LAMAR WRIGHT, SR.

**PRESIDENT/CEO**

**04/26/2014**

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

\_\_\_\_\_  
Date