

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000145549

**Entity Name:** S.R. LIBERTY CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

6822 N BASKET OAK DR  
EDWARDS, IL 61528

**Current Mailing Address:**

6822 N BASKET OAK DR  
EDWARDS, IL 61528

**FEI Number:** 46-4753879

**Certificate of Status Desired:** No

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

LIBERTY, LINDA M  
1616-102 W CAPE CORAL PKWY  
PMB #229  
CAPE CORAL, FL 33914 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 LIBERTY, STANLEY R PH.D.  
Address 6822 N BASKET OAK DR  
City-State-Zip: EDWARDS IL 61528

Title MGRM  
Name LIBERTY, LINDA M  
Address 1616-102 W CAPE CORAL PKWY, PMB #229  
City-State-Zip: CAPE CORAL FL 33914

*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:** STANLEY R. LIBERTY

MGRM

02/22/2015

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

\_\_\_\_\_  
Date