


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003874**  
1. Entity Name  
**DANIEL SECKLER, CONSULTANT PHARMACIST, LLC**



Principal Place of Business  
**2439 ROLLING OAKS DR.  
PALM HARBOR, FL 34683**

Mailing Address  
**2439 ROLLING OAKS DR.  
PALM HARBOR, FL 34683**

**DO NOT WRITE IN THIS SPACE**



01292005No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**02-0560399** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SECKLER, DANIEL A  
2439 ROLLING OAKS DR.  
PALM HARBOR, FL 34683**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SECKLER, DANIEL A 2439 ROLLING OAKS DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SECKLER, DOROTHY J 2439 ROLLING OAKS DR PALM HARBOR, FL 34683
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02/16/05-80052-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Daniel A Seckler Date: 1/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #