

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084000

**FILED
Apr 28, 2009
Secretary of State**

Entity Name: ASSURED CAPITAL CONSULTANTS, LLC

Current Principal Place of Business:

13148 SUMMERLAKE WAY
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

13148 SUMMERLAKE WAY
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-3287936 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORKNER, SCOTT
822 N JACKS LAKE RD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOSCHERT, JOHN C
Address: 3934 BERWICK FARM DR
City-St-Zip: DULUTH, GA 30096

Title: MGRM () Delete
Name: HOFFMAN, JENIFER
Address: 13148 SUMMERLAKE WAY
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JENIFER HOFFMAN

MGMR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date