2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90322 038 ***138.75

DOCUMENT # L02000006378

1 Entity Name
IVY LEAGUE CONSULTING, LLC

60026387

Principal Place of Business	Mailing Address
21 W COLUMBIA ST, SUITE 101 ORLANDO, FL 32806	21 W COLUMBIA ST, SUITE 101 ORLANDO, FL 32806

01092008 Chg-LLC CR2E083 (12/06)

2 Principal Place of Business - No P O Box #	3 Mailing Address
Suite, Apt # etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4 FEI Number
46-0488372
☐ Applied For
☐ Not Applicable

5 Certificate of Status Desired ☐ **$5 00** Additional Fee Required

6 Name and Address of Current Registered Agent	7 Name and Address of New Registered Agent
LAMOY, PAMELA 21 W COLUMBIA ST STE 101 ORLANDO, FL 32806	Name Street Address (P O Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $638.75

Make check payable to Florida Department of State

9 MANAGING MEMBERS/MANAGERS			10 ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HUNTER, PATRICK T STE 404 A 100 W GORE ST ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition

11 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ X 11/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #