


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000016345
 1. Entity Name
THACKER CONSULTING, LLC



Principal Place of Business 225 LIND AVE. KISSIMMEE, FL 34744	Mailing Address 225 LIND AVE. KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 25-0831606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 THACKER, KATHLEEN S
 225 LIND AVE.
 KISSIMMEE, FL 34744

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THACKER, KATHLEEN S 225 LIND AVE. KISSIMMEE, FL 34744
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 04/24/08-80090-013 138.75

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: Kathleen S. Thacker *Kathleen S. Thacker*
 Date: 4/12/08 Daytime Phone #: 407-847-4632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE