2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032368

Entity Name: JOM CONSULTING LLC

City-St-Zip:

MELBOURNE, FL 32940

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2783 GALINDO CIRCLE MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 2783 GALINDO CIRCLE MELBOURNE, FL 32940 US FEI Number: 27-0037762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURRELL, JAMES O 2783 GALINDO CIRCLE MELBOURNE, FL 32940 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition MURRELL, JAMES O PRES Name: Name: Address: 2783 GALINDO CIRCLE Address: City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MURRELL, BARBARA A VP Name: Address: 2783 GALINDO CIRCLE Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MURRELL, JAMES W VP Name: Name: Address: 8061 KINGSWOOD WAY Address:

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.

City-St-Zip:

SIGNATURE: JAMES O. MURRELL MMGR 01/16/2009