

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032368

Entity Name: JOM CONSULTING LLC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2783 GALINDO CIRCLE  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

2783 GALINDO CIRCLE  
MELBOURNE, FL 32940 US

**New Mailing Address:**

FEI Number: 27-0037762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRELL, JAMES O  
2783 GALINDO CIRCLE  
MELBOURNE, FL 32940 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: MGRM  
Name: JAMES O. MURRELL II LIVING TRUST  
Address: 2783 GALINDO CIRCLE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP  
Name: MURRELL, BARBARA A  
Address: 2783 GALINDO CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: MURRELL, JAMES W  
Address: 8061 KINGSWOOD WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: MURRELL, SEAN M  
Address: 10200-4401 BELLE RIVE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: JAMES O. MURRELL

PRES

01/07/2011

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