

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008320

FILED
Apr 22, 2009
Secretary of State

Entity Name: ALDRICH CONSULTING, LLC

Current Principal Place of Business:

3057 HARPERS FERRY DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16171
TALLAHASSEE, FL 323176174

New Mailing Address:

FEI Number: 82-0589768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDRICH, CONSTANCE D
215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 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 () Delete
Name: ALDRICH, MATTHEW T
Address: P.O. BOX 16171
City-St-Zip: TALLAHASSEE, FL 323176171

Title: MGRM () Delete
Name: ALDRICH, CONSTANCE D
Address: P.O. BOX 16171
City-St-Zip: TALLAHASSEE, FL 323176171 US

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: MATTHEW T. ALDRICH

MGRM

04/22/2009

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