

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035905

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** MATHEMATICS CONSULTANTS, LLC

**Current Principal Place of Business:**

1600 COVE II PLACE  
UNIT 410  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

187 MILL RIVER RD  
CHAPPAQUA, NY 10514

**New Mailing Address:**

**FEI Number:** 20-0239874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIVESEY, ELEANORE  
1600 COVE II PLACE  
UNIT 410  
SARASOTA, FL 34242 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: MM ( ) Delete  
Name: LIVESEY, ELEANORE  
Address: 1600 COVE II PLACE  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES:**

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:** ELEANORE LIVESEY

MRS

03/26/2009

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