

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047999

FILED
Apr 27, 2007
Secretary of State

Entity Name: MOMENTUS CONSULTING, LLC

Current Principal Place of Business:

48 JACKSON AVENUE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

48 JACKSON AVENUE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 20-4667710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSONS, ROBERT B JR.
2215 SOUTH THIRD STREET
#101
JACKSONVILLE BEACH, FL 32250 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: MACE, DARREN
Address: 48 JACKSON AVENUE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: NOVER, PHILLIP A
Address: 7990 BAYMEADOWS DRIVE EAST #825
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: ANDERSON, LIZA
Address: 44 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DARREN MACE

MGRM

04/27/2007

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