# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# L04000057741

**Entity Name:** AXIOUN STRATEGIC PLANNING LLC

**Current Principal Place of Business:**

14600 WHIRLWIND AVENUE
221
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

14600 WHIRLWIND AVENUE
SUITE 221
JACKSONVILLE, FL 32218

**Current Mailing Address:**

POST OFFICE BOX 18686
JACKSONVILLE, FL 32229 US

**New Mailing Address:**

**FEI Number: 90-0186575** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MULVIHILL, PADRAIC E
14600 WHIRLWIND AVENUE, SUITE 221
JACKSONVILLE, FL 32218 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: | JOHNSON, JAMES R | |
| Address: | POST OFFICE BOX 18686 | |
| City-St-Zip: | JACKSONVILLE, FL 32229 | |
| Title: | MGRM | ( ) Delete |
| Name: | MULVIHILL, PADRAIC E | |
| Address: | POST OFFICE BOX 18686 | |
| City-St-Zip: | JACKSONVILLE, FL 32229 | |
| Title: | MGRM | ( ) Delete |
| Name: | SMITH, PATRICIA D | |
| Address: | POST OFFICE BOX 18686 | |
| City-St-Zip: | JACKSONVILLE, FL 32229 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: P. E. MULVIHILL MGRM 04/25/2009

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