2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009473

Entity Name: T.S.S. CONSULTING MANAGEMENT LLC

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13042 HIGHLAND GLEN WAY S JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

13042 HIGHLAND GLEN WAY S JACKSONVILLE, FL 32224 13042 HIGHLAND GLEN WAY SOUTH JACKSONVILLE, FL 32224

FEI Number: 20-2250518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLATTERY, TIMOTHY S

13042 HIGHLAND GLEN WAY S

JACKSONVILLE, FL 32224 US

SLATTERY, TIMOTHY S

13042 HIGHLAND GLEN WAY SOUTH

JACKSONVILLE, FL 32224 US

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: TIMOTHY S SLATTERY 01/26/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SLATTERY, TIMOTHY S
 Name:

 Address:
 13042 HIGHLAND GLEN WAY S
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SLATTERY, TAMARA L
 Name:

 Address:
 13042 HIGHLAND GLEN WAY S
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 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: TIMOTHY S SLATTERY MGR 01/26/2009