2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L05000011843

Entity Name: DBMOORE CONSULTING SERVICES LLC

Current Principal Place of Business:

1975 SANSBURY'S WAY
115
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O BOX 213535
ROYAL PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 25-1909811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, DESMOND
1975 SANSBURY'S WAY
115
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

V. CYPRIAN ADAMS, PA
5725 CORPORATE WAY, SUITE 210
115
WEST PALM BEACH, FL 33407 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: VENOL C ADAMS 02/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BROMFIELD, S. DONNALEE
Address: 6383 10TH AVENUE NORTH
City-St-Zip: GREENACRES, FL 33463

Title: MGR (X) Delete
Name: ANDERSON, ANDRELEE
Address: 198-11 116TH AVENUE
City-St-Zip: ST. ALBANS, NY 11412

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BROMFIELD, S. DONNALEE
Address: 1975 SANSBURY'S WAY, SUITE 115
City-St-Zip: WEST PALM BEACH, FL 33411

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: S. D. BROMFIELD-MOORE MGR 02/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date