

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035550

Entity Name: ALTEMA CONSULTING CO., LLC

FILED
May 23, 2007
Secretary of State

Current Principal Place of Business:

1047 IROQUOIS STREET
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

PO BOX 3463
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 20-2694366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALTEMARE, CLIFF
1047 IROQUOIS STREET
CLEARWATER, FL 33755 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALTEMARE, CLIFF
Address: PO BOX 3463
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: TAYLOR, CARRIE
Address: 124 CLAYTONBEND DR
City-St-Zip: PATASKALA, OH 43062 US

Title: MGRM () Delete
Name: ALTEMARE, ASHLEY
Address: 208 MEADOW AVE
City-St-Zip: CHARLEROI, PA 15022 US

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: CLIFF ALTEMARE

MGR

05/23/2007

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