

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044209

FILED
Feb 10, 2008
Secretary of State

Entity Name: SCHNEIDER CONSULTING LLC

Current Principal Place of Business:

1093 A1A BEACH BLVD.
PMB # 406
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

1093 A1A BEACH BLVD.
PMB # 406
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3814066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MARSHALL E
509 BAREFOOT TRACE CIRCLE
ST. AUGUSTINE, FL 32080 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: SCHNEIDER, MARSHALL E
Address: 509 BAREFOOT TRACE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: SCHNEIDER, NANCY L
Address: 509 BAREFOOT TRACE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: SCHNEIDER, DAVID A
Address: 1981 LORDUM TERRACE
City-St-Zip: JACKSONVILLE, FL 32207 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: MARSHALL E. SCHNEIDER

MGRM

02/10/2008

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