2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JUL -3 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000044986

1. Entity Name
CLEMONS CONSULTING GROUP LLC

Principal Place of Business	Mailing Address
4237 SALISBURY RD SUITE 310 JACKSONVILLE, FL 32216	P.O.BOX 1233 ORANGE PARK, FL 32067

06092008 Chg-LLC CR2E083 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6817 SOUTHPOINT PKWY	SAME
Suite, Apt. #, etc.: UNIT 802	Suite, Apt. #, etc.
City & State: JAX FL	City & State
Zip: 32216 Country: DUVAL	Zip Country

4. FEI Number 38-3722966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEMONS, WILL 4237 SALISBURY RD SUITE 310 JACKSONVILLE, FL 32216	Name: CASHMERGERS, INC Street Address (P.O. Box Number is Not Acceptable): 6817 SOUTHPOINT PKWY UNIT 802 City: JAX FL Zip Code: 32216

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Willie Clemons 6-9-08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLEMONS, WILL P.O.BOX 1233 ORANGE PARK, FL 32067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEBORAH THOMAS (SAME)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREEN, RONALD P.O.BOX 1233 ORANGE PARK, FL 32067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLEMONS, LINDA P.O.BOX 1233 ORANGE PARK, FL 32067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	06/10/08-90185-009-#138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 904 296 3312

SIGNATURE: Willie Clemons 6-9-08 XS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #