

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045758

FILED
Jul 05, 2007
Secretary of State

Entity Name: SCHADOSTOR CONSULTING, LLC

Current Principal Place of Business:

11 10TH AVENUE NORTH
SUITE #3
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

932 1ST STREET NORTH
SUITE #402
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

11 10TH AVENUE NORTH
SUITE #3
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

932 1ST STREET NORTH
SUITE #402
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 04-8549546 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:

SCHAEFER, DONNA L
11 10TH AVENUE NORTH
SUITE #3
JACKSONVILLE BEACH, FL 32250 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: SCHAEFER, DONNA L
Address: 11 10TH AVENUE NORTH SUITE #3
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHAEFER, DONNA L
Address: 932 1ST STREET NORTH #402
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: DONNA L. SCHAEFER

MGRM

07/05/2007

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