

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045758

FILED
Jan 31, 2009
Secretary of State

Entity Name: SCHADOSTOR CONSULTING, LLC

Current Principal Place of Business:

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

Current 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 ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

320 1ST STREET NORTH
SUITE #809
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

320 1ST STREET NORTH
SUITE #809
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

JONES, DONNA L
320 1ST STREET NORTH
SUITE #809
JACKSONVILLE BEACH, FL 32250 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:

01/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, DONNA L
Address: 320 1ST STREET NORTH #809
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. JONES

MGRM

01/31/2009

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