

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000056258

Entity Name: CF CONSULTING LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

409 BREVARD AVENUE
SUITE 7
COCOA, FL 32922 US

Current Mailing Address:

P.O. BOX 307
COCOA, FL 329230307 US

New Principal Place of Business:

1365 N. COURTENAY PARKWAY
SUITE A
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 20-2975096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITRUSTFINANCIAL, INC.
409 BREVARD AVENUE
SUITE 7
COCOA, FL 32922 US

Name and Address of New Registered Agent:

HIPPLE, ROBERT
1365 N. COURTENAY PARKWAY
SUITE A
MERRITT ISLAND, FL 32953 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: ROBERT HIPPLE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIPPLE, ROBERT
Address: 409 BREVARD AVENUE
City-St-Zip: COCOA, FL 32922 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIPPLE, DANA L
Address: 1365 N. COURTENAY PARKWAY, SUITE A
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGR () Change (X) Addition
Name: HIPPLE, ROBERT
Address: 1365 N. COURTENAY PARKWAY, SUITE A
City-St-Zip: MERRITT ISLAND, FL 32953

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: DANA L. HIPPLE

MGRM

04/27/2009

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