## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000064400

Entity Name: VMW CONSULTING SERVICES, LLC

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

513 CRICKET COVE COURT 513 CRICKET COVE COURT ORANGE PARK, FL 32073 0RANGE PARK, FL 32073 US

Current Mailing Address: New Mailing Address:

3345 BEECHCLIFF DRIVE 3345 BEECHCLIFF DR ALEXANDRIA, VA 22306 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 323012960 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:

MANAGING MEMBERS/MANAGERS:

Electronic Signature of Registered Agent Date

## Electronic eignature of registered

## ADDITIONS/CHANGES:

 Title:
 MGRM () Delete
 Title:
 P (X) Change () Addition

 Name:
 WILLIAMS, VANESSA M CEO
 Name:
 WILLIAMS, VANESSA CEO

 Address:
 3345 BEECHCLIFF DRIVE
 Address:
 513 CRICKET COVE COURT

 City-St-Zip:
 ALEXANDRIA, VA 22306
 City-St-Zip:
 ORANGE PARK, FL 32073

Title: MGRM ( ) Delete Title: D (X) Change ( ) Addition Name: DAVIS, BARBARA J Name: WILLIAMS, VANESSA Address: 2331 MALLORY HILL DRIVE Address: 513 CRICKET COVE COURT

Address: 2331 MALLORY HILL DRIVE Address: 513 CRICKET COVE COURT City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 DAVIS, BARBARA

 Address:
 Address:
 2231 MALLORY HILL ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name:Name:WILSON, EMMAAddress:Address:513 CRICKET COVE COURTCity-St-Zip:City-St-Zip:ORANGE PARK, FL 32073

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: VANESSA WILLIAMS MGRM 04/04/2008