2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# L05000071013

Entity Name: MAVERICK CONSULTANTS LLC

Current Principal Place of Business:

879 NOLA AVE
AKRON, OH 44319 US

New Principal Place of Business:

13124 W. NOGALES DR.
SUN CITY WEST, AZ 85375 US

Current Mailing Address:

879 NOLA AVE
AKRON, OH 44319 US

New Mailing Address:

13124 W. NOGALES DR.
SUN CITY WEST, AZ 85375 US

FEI Number: 20-3118817 **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:

SHEPHERD, CATHY
19430 WEST INDIES LANE
TEQUESTA, FL 33469 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: MGR ( ) Delete
Name: CONNELLY, STEPHEN
Address: 879 NOLA AVE
City-St-Zip: AKRON, OH 44319 US

Title: MGR ( ) Delete
Name: SENN, MAX
Address: 1020 W. MARION #42
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR ( ) Delete
Name: CONNELLY, CAROLINE
Address: 879 NOLA AVE
City-St-Zip: AKRON, OH 44319 US

Title: MGR ( ) Delete
Name: SHEPHERD, JIM
Address: 19430 WEST INDIES LANE
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CONNELLY, STEPHEN
Address: 13124 W. NOGALES DR.
City-St-Zip: SUN CITY WEST, AZ 85375 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CONNELLY, CAROLINE
Address: 13124 W. NOGALES DR.
City-St-Zip: SUN CITY WEST, AZ 85375 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEPHEN J CONNELLY PRES 09/02/2008

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