

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071013

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MAVERICK CONSULTANTS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3118817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: 13124 W. NOGALES DR.  
City-St-Zip: SUN CITY WEST, AZ 85375 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: 13124 W. NOGALES DR.  
City-St-Zip: SUN CITY WEST, AZ 85375 US

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

**ADDITIONS/CHANGES:**

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

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

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

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 CONNELLY

MGR

01/16/2009

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