

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081019

FILED
Apr 02, 2009
Secretary of State

Entity Name: SUNBURNT CONSULTING, LLC

Current Principal Place of Business:

1691 SW TAURUS LANE
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

256 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

1691 SW TAURUS LANE
PORT SAINT LUCIE, FL 34984

New Mailing Address:

256 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984

FEI Number: 20-3471724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, MICHAEL J
1691 SW TAURUS LANE
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

WILLIS, MICHAEL J
256 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 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:

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIS, KIMBERLY K
Address: 1691 SW TAURUS LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: MGRM () Delete
Name: WILLIS, MICHAEL J
Address: 1691 SW TAURUS LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES:

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: KIMBERLY WILLIS

MGRM

04/02/2009

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