

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109789

FILED
Jan 15, 2009
Secretary of State

Entity Name: OWL WATCH CONSULTING SERVICES, LLC

Current Principal Place of Business:

1458 OCEAN SHORE BLVD., #187
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

1458 OCEAN SHORE BLVD., #187
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 52-2385870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: FABRIZIO, MARK A SR.
Address: 1458 OCEAN SHORE BLVD., #187
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Delete
Name: FABRIZIO, MARK A JR.
Address: 1458 OCEAN SHORE BLVD., #187
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Delete
Name: FABRIZIO, KIM M
Address: 1458 OCEAN SHORE BLVD., #187
City-St-Zip: ORMOND BEACH, FL 32176

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:

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: KIM M. FABRIZIO

MGR

01/15/2009

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