

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018068

FILED
Apr 16, 2007
Secretary of State

Entity Name: NOLAN CONSULTING SERVICES, LLC

Current Principal Place of Business:

409 LYTTON CIRCLE
ORLANDO, FL 32824 US

New Principal Place of Business:

19401 QUARTERLY PARKWAY
ORLANDO, FL 32833 US

Current Mailing Address:

409 LYTTON CIRCLE
ORLANDO, FL 32824 US

New Mailing Address:

19401 QUARTERLY PARKWAY
ORLANDO, FL 32833 US

FEI Number: 20-4381276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, SUSANNE
409 LYTTON CIRCLE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

NOLAN, SUSANNE
19401 QUARTERLY PARKWAY
ORLANDO, FL 32833 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:

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOLAN, SUSANNE
Address: 409 LYTTON CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: NOLAN, STEVEN
Address: 409 LYTTON CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOLAN, SUSANNE
Address: 19401 QUARTERLY PARKWAY
City-St-Zip: ORLANDO, FL 32833 US

Title: MGRM (X) Change () Addition
Name: NOLAN, STEVEN
Address: 19401 QUARTERLY PARKWAY
City-St-Zip: ORLANDO, FL 32833 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSANNE NOLAN

PRES

04/16/2007

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