2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000066432

Entity Name: CONSULT JEM LLC

Current Principal Place of Business:

3410 162ND AVE E
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

3410 162ND AVE E
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-5285380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, JULIE E
3410 162ND AVE E
PARRISH, FL 34219 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: MGRM ( ) Delete
Name: MCLEOD, JULIE E
Address: 3410 162ND AVE E
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete
Name: WILBANKS, AMIE
Address: 763 59TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM ( ) Delete
Name: DWYER, THEODORE
Address: 30560 USF HOLLY DRIVE
City-St-Zip: TAMPA, FL 33620

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: JULIE E MCLED MGRM 04/23/2009

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