


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000068357 1. Entity Name VARKEY CHACKO CONSULTING SERVICES, LLC	
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Principal Place of Business 9331 SOUTHERN BREEZE DR. ORLANDO, FL 32836	Mailing Address 9331 SOUTHERN BREEZE DR. ORLANDO, FL 32836
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0594195	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHACKO, VARKEY 9331 SOUTHERN BREEZE DR. ORLANDO, FL 32836

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHACKO, VARKEY 9331 SOUTHERN BREEZE DR. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARKEY, ELIZABETH A 9331 SOUTHERN BREEZE DR. ORLANDO, FL 32836
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01/15/08-80062-002 143.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Varkey Chacko* - **VARKEY CHACKO** **1/5/2008** **407-375-2587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #