


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90012 003 \*\*\*\*50.00

<b>DOCUMENT # L06000072080</b> 1. Entity Name <b>JSM CONSULTING, LLC</b>					
Principal Place of Business <b>7605 GLADES COURT</b> <b>TAMPA, FL 33637 US</b>			Mailing Address <b>7605 GLADES COURT</b> <b>TAMPA, FL 33637 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4035 LANGRUM DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>4035 LANGRUM DR</b> Suite, Apt. #, etc.			
City & State <b>WESLEY CHAPEL FL</b> Zip Country <b>33543 USA</b>		City & State <b>WESLEY CHAPEL FL</b> Zip Country <b>33543 USA</b>		4. FEI Number <b>205232090</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				07092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>MOFFETT, JAMES</b> <b><del>7605 GLADES COURT</del> 4035 LANGRUM DR</b> <b><del>TAMPA, FL 33637</del> WESLEY CHAPEL, FL 33543</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFETT, JAMES 7605 GLADES COURT TAMPA, FL 33637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFETT, SUSAN 7605 GLADES COURT TAMPA, FL 33637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFETT, SUSAN 7605 GLADES COURT TAMPA, FL 33637	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFETT, SUSAN 7605 GLADES COURT TAMPA, FL 33637	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>SC Moffett</i> <i>SUSAN MOFFETT</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>7/9/07</b>		Daytime Phone # <b>813-281-0662</b>	

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