## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L06000089128



## FILED Jan 11, 2007 8:00 am Secretary of State

And NAME SHEED CRIED  2. Principal Place of Business  3. Mulling Address  2. Principal Place of Business  3. Mulling Address  Sulle, Apr. 4. etc.  2. Principal Place of Business  3. Mulling Address  Sulle, Apr. 4. etc.  3. Sulle, Apr. 4. etc.  3. Sulle, Apr. 4. etc.  3. Sulle, Apr. 4. etc.  4. Epi Jaymore  4. Epi Jaymore  4. Epi Jaymore  4. Epi Jaymore  7. Name and Address of Business  5. SUR Address  (Cry & State Desire)  5. Sulle Address of Current Replatement Agent  7. Name and Address of New Registrory Agent  KING, CARLA L. M. A.  3. AN WASHEFIELD CIRCLE  PORT ST LUCIE, FL 34983  SIGNARIA L. M.  3. AN WASHEFIELD CIRCLE  PORT ST LUCIE, FL 34983  SIGNARIA L. M.  4. Epi Jaymore  7. Name and Address of New Registrory Agent  7. Name and Address of New Registrory Agent  8. The above, paned gelys submits his statement for the purpose of changing its registrered agent, on both, in the Sale of Florida. I am hamitar with, and accept more obligations of agent.  SIGNARIA L. M.  5. Suppose of agent consciously and agent and a floridation or registrored agent, on both, in the Sale of Florida. I am hamitar with, and accept more obligations of agent.  SIGNARIA L. M.  5. Suppose of agent consciously and agent ag	1. Entity Name ALEXIS CONSULTING GROUP LLC						01-11-2007	90129 03!	9 ****5(	).00	
SUITO, Apt. 4, etc.    Suite, Apt. 4, inc.   City & State   City & State   A. FEI Nymber   Applied For   No. Applicable	343 NW SHE	FFIELD CIRCLE	343 NW SHEFFIELD CIRCLE			i státični čit OT	III ANN BEN CETT ÉTIT	OTTO: (DIE 1970)	HTTO HTTP: 1011		
City & State  City & State  City & State  City & State  Country  Country  S. C	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Satura Desirer Country 5. Certificate of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent Country 5. Certificate of Satura Desirer Country 5. Certificate of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072007	Chg-LLC	CR2E083	(12/06)		
S. Cernicular of Current Registered Agent  Fig. Regularies  Name  7. Name and Address of Now Registered Agent  Name  Street Abdress (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code	City & State		City & State			4. FEI Number	4406		Not	Applicable	
KING CARLA L MS. 343 NW SHEFFIELD CIRCLE PORT ST LUCIE, FL 34983  8. The above named grafty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of digistered agent.  SIGNATURE    City   FL   Zip Code	Zip	• •	Zip Count		ry			Fe	e Required		
KING, CARLA L MS. 340 NW SHEFFIELD CIRCLE PORT ST LUCIE, FL 34983  City FL Zip Code  City FL Zip Code  6. The above named gnity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rigidizered agent.  SIGNATURE  Filling Fee is \$50.00  Due by Mary 1, 2007  MANAGING MEMBERS / MANAGERS  9. MANAGING MEMBERS / MANAGERS  RINE, NORES SIRET ADDRESS OTH -51-79  TILE NAME SIRET ADDRESS OTH -51-79  TIL		6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New R	egistered Ag	ent		
Street Address (FO Box Number is Not Acceptable)    City   FL   Zip Code	KING CAE	TIAL KAĆ			Name						
8. The above pamed grilly submits his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	343 NW SI	HEFFIELĎ CIRCLE			Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Speakers, special significance of inguisered agent and time importance (Incidence). (Incidence incommendation)  Filling Foot is \$50.00  Due by Mary 1, 2007  Make check payable to Florida Department of State  MCR  MCR  MCR  MCR  MCR  MCR  MCR  MC		<b>.</b>		City	<u> </u>		FL	Zip Code			
SIGNATURE   SQUADURE, typed or present name of registered agent and star if applicable. (NOTE Registered Agent segretare required when remotioning)   DATE	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										
Filing Fee is \$30.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES    Make check payable to -	SIGNATI IRE										
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SIGNATURE:

772-873-5272