

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097404

Entity Name: 2T CONSULTING, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

5260 COLLINS ROAD
UNIT 703
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40508
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 39-2053978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKSON, TIFFANY M
623 IVY STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

TIPPINS, THERESA L
5260 COLLINS ROAD
UNIT 703
JACKSONVILLE, FL 32244 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: THERESA L TIPPINS

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKSON, TIFFANY M
Address: 623 IVY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR () Delete
Name: TIPPINS, THERESA L
Address: 5260 COLLINS ROAD, UNIT 703
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HICKSON, TIFFANY M
Address: 10010 SKINNER LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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: THERESA L TIPPINS

MGR

06/23/2009

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