

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006677

FILED
Mar 14, 2009
Secretary of State

Entity Name: TOM T. BROWN CONSULTING, LLC

Current Principal Place of Business:

186 S.E. OSPREY RIDGE
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

186 S.E. OSPREY RIDGE
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 20-8365891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART, FL 34994 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: BROWN, TOM T
Address: 186 S.E. OSPREY RIDGE
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: MGRM () Delete
Name: BROWN, PAULA L
Address: 186 S.E. OSPREY RIDGE
City-St-Zip: PORT ST. LUCIE, FL 34984 US

ADDITIONS/CHANGES:

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: TOM T. BROWN

MGRM

03/14/2009

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