

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010983

FILED
Aug 04, 2008
Secretary of State

Entity Name: STEVENSON CONSULTANTS, LLC

Current Principal Place of Business:

1079 BALD EAGLE DR.
MARCO ISLAND, FL 34145

New Principal Place of Business:

1079 BALD EAGLE DR.
PENTHOUSE 2 NORTH
MARCO ISLAND, FL 34145

Current Mailing Address:

14629 BIG TIMBER LANE
CHESTERFIELD, MO 63017

New Mailing Address:

1079 BALD EAGLE DRIVE
PENTHOUSE 2 NORTH
MARCO ISLAND, FL 34145

FEI Number: 20-8386780 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:

STEVENSON, STEVE
1079 BALD EAGLE DR.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

STEVENSON, SANFORD M
1079 BALD EAGLE DR.
PENTHOUSE 2 NORTH
MARCO ISLAND, FL 34145 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: SANFORD M. STEVENSON

08/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEVENSON, STEVE
Address: 1079 BALD EAGLE DR.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEVENSON, SANFORD M
Address: 1079 BALD EAGLE DR.
City-St-Zip: MARCO ISLAND, FL 34145

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: SANFORD M. STEVENSON

PRES

08/04/2008

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