

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033510

Entity Name: CMCK CONSULTING LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

5104 STRATEMEYER DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

5104 STRATEMEYER DRIVE
ORLANDO, FL 32839 US

Current Mailing Address:

5104 STRATEMEYER DRIVE
ORLANDO, FL 32839

New Mailing Address:

5104 STRATEMEYER DRIVE
ORLANDO, FL 32839 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 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: MGR () Delete
Name: KROEHLER, CORBERTT
Address: 5104 STRATEMEYER DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MGR () Delete
Name: SCHUETZ-KROEHLER, CATRIN
Address: 5104 STRATEMEYER DRIVE
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: KROEHLER, CORBETT
Address: 5104 STRATEMEYER DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: D (X) Change () Addition
Name: SCHUETZ-KROEHLER, CATRIN
Address: 5104 STRATEMEYER DRIVE
City-St-Zip: ORLANDO, FL 32839

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: CORBETT M. KROEHLER

MGRM

04/23/2008

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