

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055596

FILED
Mar 16, 2009
Secretary of State

Entity Name: NAMBIDI CONSULTING, LLC

Current Principal Place of Business:

10038 CHIANA CIRCLE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

1402 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 US

New Mailing Address:

10038 CHIANA CIRCLE
FORT MYERS, FL 33905 US

FEI Number: 26-0248255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANKARAN, SUNIL
10038 CHIANA CIRCLE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

PODUVAL, ASHWATI
10038 CHIANA CIRCLE
FORT MYERS, FL 33905 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: ASHWATI PODUVAL

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHANKARAN, SUNIL
Address: 10038 CHIANA CIRCLE
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR (X) Delete
Name: PODUVAL, ASHWATI
Address: 10038 CHIANA CIRCLE
City-St-Zip: FORT MYERS, FL 33905 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PODUVAL, ASHWATI
Address: 10038 CHIANA CIRCLE
City-St-Zip: FORT MYERS, FL 33905 US

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: ASHWATI PODUVAL

MGMR

03/16/2009

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