

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060408

Entity Name: LRG CONSULTING LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

5021 AUDREY SUE CIR
PENSACOLA, FL 32526

New Principal Place of Business:

5021 AUDREY SUE CIRCLE
PENSACOLA, FL 32526 US

Current Mailing Address:

5021 AUDREY SUE CIR
PENSACOLA, FL 32526

New Mailing Address:

5021 AUDREY SUE CIRCLE
PENSACOLA, FL 32526 US

FEI Number: 26-0311081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GULLEY, LINDA R
5021 AUDREY SUE CIR
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

GULLEY, LINDA R
5021 AUDREY SUE CIR
PENSACOLA, FL 32526 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: GULLEY, WALTER J
Address: 5021 AUDREY SUE CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GULLEY, LINDA R
Address: 5021 AUDREY SUE CIRCLE
City-St-Zip: PENSACOLA, FL 325268094 US

Title: MGRM () Change (X) Addition
Name: GULLEY, WALTER JR
Address: 5021 AUDREY SUE CIRCLE
City-St-Zip: PENSACOLA, FL 325268094 US

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: LINDA R. GULLEY

MGRM

04/22/2009

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