

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072491

FILED
Mar 20, 2009
Secretary of State

Entity Name: JAJ CONSULTING SERVICES L.L.C

Current Principal Place of Business:

7717 JODI LYNN DRIVE
TAMPA, FL 33615

New Principal Place of Business:

8903 ROCKY RUN COURT
TAMPA, FL 33634

Current Mailing Address:

7717 JODI LYNN DRIVE
TAMPA, FL 33615

New Mailing Address:

8903 ROCKY RUN COURT
TAMPA, FL 33634

FEI Number: 74-3222676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTOINETTE, HILL
7717 JODI LYNN DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

ANTOINETTE, HILL
8903 ROCKY RUN COURT
TAMPA, FL 33634 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: ANTOINETTE HILL

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HILL, PHILLIP
Address: 7717 JODI LYNN DRIVE
City-St-Zip: TAMPA, FL 33615

Title: MGR () Delete
Name: HILL, ANTOINETTE
Address: 7717 JODI LYNN DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HILL, PHILLIP
Address: 8903 ROCKY RUN COURT
City-St-Zip: TAMPA, FL 33634

Title: MGR (X) Change () Addition
Name: HILL, ANTOINETTE
Address: 8903 ROCKY RUN COURT
City-St-Zip: TAMPA, FL 33634

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: ANTOINETTE HILL

MGR

03/20/2009

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