2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076707

Name:

Address:

City-St-Zip:

JACKSON, SIRDERRICK

PEMBROKE PINES, FL 33025

1169 S.W. 122ND AVE

Entity Name: AUSTIN IT CONSULTING, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2490 PEPPER DR NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 2490 PEPPER DR NAVARRE, FL 32566 FEI Number: 74-3223766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUSTIN, AUDREY J 2490 PEPPER DR NAVARRE, FL 32566 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AUSTIN, CLINTON E Name: Name: Address: 2490 PEPPER DR Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: Title: () Delete () Change () Addition AUSTIN, AUDREY J Name: Name: Address: 2490 PEPPER DR Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HARRIS, BRENT Name: Name: 203 NE 39TH APT 203 Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLINTON E. AUSTIN MR. 04/22/2009