FILED
May 14, 2008 8:00 am
Secretary of State

4/1

04-10-2008 90125 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30006313

03242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000079319

1. Entity Name
CHEVALIER CONSULTING, LLC

Principal Place of Business	Mailing Address
27339 THRUSH AVE BROOKSVILLE, FL 34602 US	27339 THRUSH AVE BROOKSVILLE, FL 34602 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7220 Derwent Glen Cir	7220 Derwent Glen Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land O Lakes Fl	City & State: Land O Lakes FL
Zip: 34637 Country: USA	Zip: 34637 Country: USA

4. FEI Number 26-0645016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HURET, NICOLAS J
27339 THRUSH AVE
BROOKSVILLE, FL 34602

7. Name and Address of New Registered Agent

Name: Nicolas J Huret
Street Address (P.O. Box Number is Not Acceptable): 7220 Derwent Glen Cir
City: Land Olakes FL Zip Code 34637

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURET, NICOLAS J 27339 THRUSH AVE BROOKSVILLE, FL 34602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7220 Derwent Glen Cir Land O Lakes, FL 34637	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ____ Nicolas J. Huret 4/4/08 (267)210-8719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #