

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087379

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** SOUTHERNHAVER CONSULTING, LLC

**Current Principal Place of Business:**

5496 HAMPSTED HEATH  
SARASOTA, FL 34235

**New Principal Place of Business:**

4709 BROOKSDALE DR.  
SARASOTA, FL 34232

**Current Mailing Address:**

8437 TUTTLE AVENUE, BOX 223  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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:**

Title: MGRM ( ) Delete  
Name: ALBRITTON, CONNIE  
Address: 5496 HAMPSTED HEATH  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALBRITTON, CONNIE  
Address: 4709 BROOKSDALE DR.  
City-St-Zip: SARASOTA, FL 34232

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: CONNIE ALBRITTON

MGRM

05/07/2009

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