

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104966

Entity Name: NF CONSULTING, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

4009 WEST BARCELONA STREET
TAMPA, FL 33629

New Principal Place of Business:

4009 WEST BARCELONA STREET
TAMPA, FL 33629 US

Current Mailing Address:

4009 WEST BARCELONA STREET
TAMPA, FL 33629

New Mailing Address:

4009 WEST BARCELONA STREET
TAMPA, FL 33629 US

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:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: CEO () Delete
Name: DOYLE, MYRA F
Address: 4009 WEST BARCELONA STREET
City-St-Zip: TAMPA, FL 33629

Title: PST (X) Delete
Name: DOYLE, MYRA F
Address: 4009 WEST BARCELONA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOYLE, MYRA F
Address: 4009 WEST BARCELONA STREET
City-St-Zip: TAMPA, FL 33629 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MYRA F DOYLE

MGRM

05/01/2008

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