2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# L07000118125

Entity Name: TCIS CONSULTING SERVICES, LLC

Current Principal Place of Business:

11718 WINDING WOODS WAY
BRADENTON, FL 34202

New Principal Place of Business:

11718 WINDING WOODS WAY
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

11718 WINDING WOODS WAY
BRADENTON, FL 34202

New Mailing Address:

11718 WINDING WOODS WAY
LAKEWOOD RANCH, FL 34202

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:

CONERLY, WILLIAM E
11718 WINDING WOODS WAY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

CONERLY, WILLIAM E
11718 WINDING WOODS WAY
LAKEWOOD RANCH, FL 34202 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: WILLIAM E. CONERLY 08/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CONERLY, WILLIAM E
Address: 11718 WINDING WOODS WAY
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CONERLY, WILLIAM E
Address: 11718 WINDING WOODS WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: WILLIAM E. CONERLY MGR 08/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date