

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001532

Entity Name: DEVCOM CONSULTING LLC

FILED  
Apr 26, 2009  
Secretary of State

**Current Principal Place of Business:**

5403 FREDERICK LAKE DR.  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

5403 FREDERICK LAKE DR.  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: 26-2196637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ZHERUKHA, TARAS  
5403 FREDERICK LAKE DRIVE  
PORT ORANGE, FL 32128 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: MGRM ( ) Delete  
Name: ZHERUKHA, TARAS  
Address: 5403 FREDERICK LAKE DR.  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM ( ) Delete  
Name: SEMENSKYY, DMYTRO  
Address: 5403 FREDERICK LAKE DR.  
City-St-Zip: PORT ORANGE, FL 32128 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZHERUKHA, TARAS MGRM  
Address: 5403 FREDERICK LAKE DR.  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM (X) Change ( ) Addition  
Name: SEMENSKYY, DMYTRO MGRM  
Address: 224 OAK BRANCH DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

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: TARAS ZHERUKHA

MGRM

04/26/2009

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