2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L08000005328

Entity Name: HOLLEYIG CONSULTING L.L.C.

Current Principal Place of Business:

8145 EMERALD FOREST CT
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

8145 EMERALD FOREST CT
SANFORD, FL 32771

New Mailing Address:

FEI Number: 45-0587507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLEY, IVETTE G
8145 EMERALD FOREST CT
SANFORD, FL 32771 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: MGR ( ) Delete
Name: HOLLEY, IVETTE G
Address: 8145 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: HOLLEY`, ROBERT B
Address: 8145 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: GARCIA, IUSTEEN H
Address: 8145 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771

Title: MEMB ( ) Change (X) Addition
Name: GARCIA, ALEXAVIER
Address: 8145 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771

Title: MEMB ( ) Change (X) Addition
Name: GARCIA, DARRYL G
Address: 8145 EMERALD FOREST CT
City-St-Zip: SANFORD, FL 32771

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: IVETTE G HOLLEY MGR 01/12/2009

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