2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000013326

Entity Name: PERSONAL CONSULTING SERVICES, LLC

Current Principal Place of Business:

203 61ST STREET NW
BRADENTON, FL 34209

New Principal Place of Business:

11441 PERICO ISLE CIRCLE
BRADENTON, FL 34209

Current Mailing Address:

203 61ST STREET NW
BRADENTON, FL 34209

New Mailing Address:

P O BOX 5560
SUN CITY CENTER, FL 33571

FEI Number: 26-1932162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, KAREN
203 61ST STREET NW
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

COOPER, BEN
11441 PERICO ISLE CIRCLE
BRADENTON, FL 34209 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: BEN A COOPER 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, KAREN
Address: 203 61ST STREET NW
City-St-Zip: BRADENTON, FL 34209

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COOPER, KAREN
Address: 11441 PERICO ISLE CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Change (X) Addition
Name: COOPER, BEN A
Address: 11441 PERICO ISLE CIRCLE
City-St-Zip: BRADENTON, FL 34209

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: BEN A COOPER MGRM 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date