

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027983

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: NOMAR IT CONSULTING LLC

**Current Principal Place of Business:**

4607 WEST NORTH B. STREET  
208  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4607 WEST NORTH B. STREET  
208  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 61-1557734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, RAYMOND J  
4607 WEST NORTH B. STREET  
SUITE 208  
TAMPA, FL 33609 US

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

ROBINSON, RAYMOND J  
321 WEST WILDER  
TAMPA, FL 33603 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: RAYMOND ROBINSON

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, RAYMOND J  
Address: 4607 WEST NORTH B. STREET SUITE 208  
City-St-Zip: TAMPA, FL 33609

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, RAYMOND J  
Address: 321 WEST WILDER  
City-St-Zip: TAMPA, FL 33603 US

Title: MGRM ( ) Change (X) Addition  
Name: JULENE, MOHR T  
Address: 321 WEST WILDER  
City-St-Zip: TAMPA, FL 33603 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: RAYMOND ROBINSON

MR

04/16/2009

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