2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000038079

Entity Name: ALD CONSULTING SERVICES LLC

Current Principal Place of Business:

6653 POWERS AVE
#240
JACKSONVILLE, FL 32217

New Principal Place of Business:

5745 SW 75 ST #206
GAINESVILLE, FL 32608

Current Mailing Address:

6653 POWERS AVE
#240
JACKSONVILLE, FL 32217

New Mailing Address:

5745 SW 75 ST #206
GAINESVILLE, FL 32608

FEI Number: 26-2433529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICKERS, AMY M
6653 POWERS AVE
#240
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

VICKERS, AMY M
9623 SW 84TH ST
GAINESVILLE, FL 32608 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: AMY VICKERS 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VICKERS, AMY M
Address: 6653 POWERS AVE #240
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VICKERS, AMY M
Address: 5745 SW 75 ST #206
City-St-Zip: GAINESVILLE, FL 32608

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: AMY VICKERS OWNE 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date