2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039411

Entity Name: ALLWAYS CONSULTING, LLC

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1002 LITTLE FAWN CT APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

1002 LITTLE FAWN CT 923 LEXINGTON PARKWAY APOPKA, FL 32712 APOPKA, FL 32712

FEI Number: 33-1213154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHITWORTH, STEVEN M 1002 LITTLE FAWN CT APOPKA, FL 32712 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGR () Delete
 Title:
 PTNR (X) Change () Addition

 Name:
 WHITWORTH, STEVEN M
 Name:
 WHITWORTH, STEVEN M

 Address:
 1002 LITTLE FAWN CT
 Address:
 1002 LITTLE FAWN CT

 City-St-Zip:
 APOPKA, FL 32712
 APOPKA, FL 32712

Title: MGR () Delete Title: PTNR (X) Change () Addition Name: KOPPE, HAROLD Name: KOPPE, HAROLD

Name:KOPPE, HAROLDName:KOPPE, HAROLDAddress:1814 SUNSET PALM DRAddress:923 LEXINGTON PKWYCity-St-Zip:APOPKA, FL 32712City-St-Zip:APOPKA, FL 32712

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: HAROLD KOPPE PTNR 03/01/2009