

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054601

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: T & M BUSINESS CONSULTANTS, LLC

**Current Principal Place of Business:**

4419 MORNING DOVE DR  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

4419 MORNING DOVE DR  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 38-3784197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASAWAY, TERRY L  
4419 MORNING DOVE DR  
JACKSONVILLE, FL 32258 US

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

TAJI, MAYSARA F  
4419 MORNING DOVE DR  
JACKSONVILLE, FL 32258 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: MAYSARA F. TAJI

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TAJI, MAYSARA F  
Address: 4419 MORNING DOVE DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Delete  
Name: GASAWAY, TERRY L  
Address: 4419 MORNING DOVE DR  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GASAWAY, TERRY L  
Address: 4419 MORNING DOVE DR  
City-St-Zip: JACKSONVILLE, FL 32258

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

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: TERRY L. GASAWAY

MGR

04/24/2009

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