

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065191

FILED
Jan 09, 2009
Secretary of State

Entity Name: THE SHEGRA CONSULTING GROUP, LLC

Current Principal Place of Business:

2525 CARRIAGE LAMP DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

3074 BENT BOW LANE
MIDDLEBURG, FL 32068

Current Mailing Address:

2525 CARRIAGE LAMP DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

PO BOX 66086
ORANGE PARK, FL 32065

FEI Number: 26-2960621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, GRAHAM F
2525 CARRIAGE LAMP DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

WATTS, GRAHAM F
3074 BENT BOW LANE
MIDDLEBURG, FL 32068 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:

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATTS, GRAHAM F
Address: 2525 CARRIAGE LAMP DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: BERNARD, JEANNE
Address: 135 BROADWAY AVENUE
City-St-Zip: HAMILTON ONTARIO CANADA, L8S 2W2

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATTS, GRAHAM F
Address: 3074 BENT BOW LN
City-St-Zip: MIDDLEBURG, FL 32068

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: GRAHAM WATTS

MGRM

01/09/2009

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