

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103634

Entity Name: TIA CONSULTING, LLC

FILED  
Jul 11, 2009  
Secretary of State

**Current Principal Place of Business:**

10018 IVERSON DR  
ORLANDO, FL 32832 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 622287  
ORLANDO, FL 32862 US

**New Mailing Address:**

10018 IVERSON DR  
ORLANDO, FL 32832 US

FEI Number: 26-3666109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FERMIN, INGRID M  
10018 IVERSON DR  
ORLANDO, FL 32832 US

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

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:**

Title: MGRM ( ) Delete  
Name: FERMIN, INGRID M  
Address: PO BOX 622287  
City-St-Zip: ORLANDO, FL 32862 US

Title: MGRM ( ) Delete  
Name: VELEZ, THAINA L  
Address: PO BOX 622287  
City-St-Zip: ORLANDO, FL 32862 US

Title: MGRM ( ) Delete  
Name: MARQUEZ, ADRIANA L  
Address: PO BOX 622287  
City-St-Zip: ORLANDO, FL 32862

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERMIN, INGRID M  
Address: 10018 IVERSON DR  
City-St-Zip: ORLANDO, FL 32832 US

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

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: INGRIN M FERMIN

MGRM

07/11/2009

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