

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111349

FILED
Jun 22, 2009
Secretary of State

Entity Name: ELECTION MANAGEMENT CONSULTING SERVICES LLC

Current Principal Place of Business:

6079 ELGIN ROAD
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

6079 ELGIN ROAD
COCOA, FL 32927 US

New Mailing Address:

FEI Number: 26-3834581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

REHFUSS, CHRISTINA M
6079 ELGIN ROAD
COCOA, FL 32927 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: CHRISTINA CLARK REHFUSS

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERNOSKY, EDMUND JR.
Address: 6079 ELGIN ROAD
City-St-Zip: COCOA, FL 32927 US

Title: MGRM () Delete
Name: REHFUSS, CHRISTINA C
Address: 6079 ELGIN ROAD
City-St-Zip: COCOA, FL 32927 US

ADDITIONS/CHANGES:

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: CHRISTINA CLARK REHFUSS

MS.

06/22/2009

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