2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000312

Name:

Address:

City-St-Zip:

CHEVRIER, AMIET P

1015 HENLEY DOWNS PLACE

HEATHROW, FL 32746 FL

Entity Name: SUJJA IT CONSULTING, LLC

FILED Feb 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 801 INTERNATIONAL PARKWAY 5TH FLOOR HEATHROW, FL 32746 **Current Mailing Address: New Mailing Address:** 801 INTERNATIONAL PARKWAY 5TH FLOOR HEATHROW, FL 32746 FEI Number: 98-0217382 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: GILL, SURINDER K MGRM 801 INTERNATIONAL PARKWAY 5TH FLOOR HEATHROW, FL 32746 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: MGRM Title: () Delete (X) Change () Addition JARVO, JIM GILL, SURINDER K Name: Name: 369 MOHAVE TERRACE Address: 1015 HENLEY DOWNS PLACE Address: LAKE MARY, FL 32746 US City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: GILL, SURINDER Name: Address: 1015 HENLEY DOWNS PLACE Address: City-St-Zip: HEATHROW, FL 32746 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KENT, DAVID L.V. Name: Name: 1015 HENLEY DOWNS PLACE Address: Address: City-St-Zip: HEATHROW, FL 32746 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SURINDER GILL MGRM 02/16/2008