# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 19, 2009**
**Secretary of State**

DOCUMENT# M04000003611

**Entity Name:** DREVENSTEDT CONSULTING, LLC

**Current Principal Place of Business:**

1093 A1A BEACH BOULEVARD, #378
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1093 A1A BEACH BOULEVARD, #378
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

AM&E SERVICES LLC
801 N MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32803 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: PRES ( ) Delete
Name: DREVENSTADT, LINDA
Address: 1093 A1A BEACH BOULEVARD, #378
City-St-Zip: ST AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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: LINDA W. DREVENSTEDT PRES 02/19/2009

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