2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# M07000005530

Entity Name: STROHMEYER CONSULTING, LLC

Current Principal Place of Business:

702 GOODLETTE ROAD N., STE. 100
NAPLES, FL 341025628

New Principal Place of Business:

Current Mailing Address:

702 GOODLETTE ROAD N., STE. 100
NAPLES, FL 341025628

New Mailing Address:

FEI Number: 26-0875545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH, STE. 210
NAPLES, FL 34104 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: STROHMEYER, JON F
Address: 702 GOODLETTE ROAD N., STE. 100
City-St-Zip: NAPLES, FL 341025628

Title: MGRM ( ) Delete
Name: STROHMEYER, CYNTHIA
Address: 702 GOODLETTE ROAD N., STE. 100
City-St-Zip: NAPLES, FL 341025628

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: STROHMEYER, CYNTHIA R
Address: 702 GOODLETTE ROAD N., STE. 100
City-St-Zip: NAPLES, FL 341025628

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: JON F. STROHMEYER DR. 01/11/2008

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