

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005530

FILED
Jun 22, 2009
Secretary of State

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 ()
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:

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH, STE. 210
NAPLES, FL 34104 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:

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 R
Address: 702 GOODLETTE ROAD N., STE. 100
City-St-Zip: NAPLES, FL 341025628

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: JON STROHMEYER

MGR

06/22/2009

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