


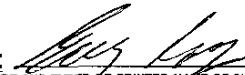
**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90310 028 ****50.00

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DOCUMENT # M06000006426				
1. Entity Name STRATEGIC CONSULTING SERVICE, LLC				
Principal Place of Business 5142 YESTEROAKS PLACE PENSACOLA, FL 32504		Mailing Address 5142 YESTEROAKS PLACE PENSACOLA, FL 32504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0466696
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
RODGERS, ELESBETH 5142 YESTEROAKS PLACE PENSACOLA, FL 32504			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
		Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, GUY		NAME	Rodgers, Guy
STREET ADDRESS	5142 YESTEROAKS PLACE		STREET ADDRESS	5142 Yesteroaks Place
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola, FL 32504
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	
NAME	CROOK, K.M.		NAME	
STREET ADDRESS	P.O. BOX 2991		STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 39158		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			2/8/07	850/478-3005
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #