

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002674

Entity Name: BLACKSTONE CONSULTING LLC**Current Principal Place of Business:**21 CAMELOT DRIVE
WARWICK, NY 10990**Current Mailing Address:**264 COLONEL JOHN GARDNER RD
NARRAGANSETT, RI 02882**FEI Number:** 05-0518281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, PORTER
14681 RIVIERA POINTE DRIVE
ORLANDO, FL 32828 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**Authorized Person(s) Detail :**Title MGRM
Name MANELIS, STEPHEN E
Address 21 CAMELOT DRIVE
City-State-Zip: WARWICK NY 10990Title MGRM
Name DUNDON, SEAN T
Address 188 STATE STREET
APT 200
City-State-Zip: PORTLAND ME 04101Title MGRM
Name MCDONALD, NATALIE
Address 264 COLONEL JOHN GARDNER
City-State-Zip: NARRAGANSETT RI 02882Title MEMBER
Name RIOUCH, AMINE
Address 1439 DUNSFORD CIRCLE
City-State-Zip: SUWANEE GA 30024Title MEMBER
Name RENICK, REBECCA
Address 411 WOODLAWN ROAD
City-State-Zip: BALTIMORE MD 21210

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE MCDONALD

MEMBER/CFP

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date