

**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 10990

Title	MGRM
Name	DUNDON, SEAN T
Address	188 STATE STREET APT 200
City-State-Zip:	PORTLAND ME 04101

Title	MGRM
Name	MCDONALD, NATALIE
Address	264 COLONEL JOHN GARDNER
City-State-Zip:	NARRAGANSETT RI 02882

Title	MEMBER
Name	RIOUCH, AMINE
Address	1439 DUNS福德 CIRCLE
City-State-Zip:	SUWANEE GA 30024

Title	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