


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000004860	
<b>1. Entity Name</b> SGL CONSULTING, LLC	

<b>Principal Place of Business</b> 2930 NORTHWEST 98 AVENUE MIAMI, FL 33172	<b>Mailing Address</b> 2930 NORTHWEST 98 AVENUE MIAMI, FL 33172
---	---



**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-LLC	CR2E083 (10/03)
<b>4. FEI Number</b> 43-1952940	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SILVA, ALBERT M CPA 2930 NORTHWEST 98 AVENUE MIAMI, FL 33172
--

**DO NOT WRITE IN THIS SPACE**

**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.

<b>SIGNATURE</b> _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable</small>		

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

000000028517  
 02/04/04-80030-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVA, ALBERT M CPA 2930 NW 98 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, ALBERTO J 6419 NW 199 LN MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMELA, ROSA 5025 SW 154 AVE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Albert M. Silva CPA 1/25/04 305-436-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #