

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046159

FILED
Mar 25, 2009
Secretary of State

Entity Name: CELTIC CONSULTING GROUP, LLC

Current Principal Place of Business:

12307 TWIN BRANCH ACRES RD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

12307 TWIN BRANCH ACRES RD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-1275046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIP N SPUR CATALOG AND TACK SHOP INC
14434 NORTH DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: O'KEEFFE, SHAN
Address: 12307 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: O'KEEFFE, MARY ANN
Address: 12307 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: O'KEEFFE, ANDREAS
Address: 12307 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: O'KEEFFE, ANDREAS ESQ.
Address: 12307 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626 US

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: SHAN O'KEEFFE

MGR

03/25/2009

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