

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90077 029 ****50.00

DOCUMENT # L05000102221

1. Entity Name
STEYN CONSULTING, LLC



Principal Place of Business
**11402 BUCKLEY WOOD COURT
WINDEMERE, FL 34786**

Mailing Address
**28 BRACKEN HILL RD
HAMBURG, NJ 07419**

60053172



07112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3641321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
STEYN, CRISTIN M
28 BRACKEN HILL RD
HAMBURG, NJ 07419**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Cristin Steyn **Cristin Steyn Managing Director** 7/16/07

407 803 2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #