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May 01, 2008 8:00 am
Secretary of State
05-01-2008 90017 043 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000102221

1. Entity Name
STEYN CONSULTING , LLC

60036608

Principal Place of Business	Mailing Address
11402 BUCKLEY WOOD COURT WINDEMERE, FL 34786	28 BRACKEN HILL RD HAMBURG, NJ 07419

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same	11402 Buckley Wood Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Windermere FL
Zip / Country	Zip 34786 / Country USA

04292008 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	7. Name and Address of New Registered Agent
INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761	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] 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEYN, CRISTIN M 28 BRACKEN HILL RD HAMBURG, NJ 07419 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steyn, Cristin 11402 Buckley Wood Ct Windermere FL 34786 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/28/08 407 803 2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #