## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000004529

1. Entity Name

THE FORENSIC CONSULTING GROUP, LLC



FILED Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

4000 NORTH STATE RD 7, STE 402 LAUDERDALE LAKES, FL 33319 Mailing Address

4000 NORTH STATE RD 7, STE 402 LAUDERDALE LAKES, FL 33319



03292008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	20-4562215	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN, DAVE V 4000 NORTH STATE RD 7, STE 402 LAUDERDALE LAKES, FL 33319 DO NOT WRITE
IN THIS SPACE

LAUDERDALE LAKES, FL 33319		IN THIS SPACE	
the obligat	named earlity submits this statement for the purpose of challions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature and or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	
·· FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, DAVE V 4000 NORTH STATE RD 7, STE 402 LAUDERDALE LAKES, FL 33319	U00000878213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN, DIANE 4000 N STATE RD #7 H402 LAUDERDALE LAKES, FL 33319	04/14/08-80044-019 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME		IN THIS SPACE	

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/4/68 3/2/ Date Dayting F