


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90126 033 ***138.75

DOCUMENT # L06000017161

1. Entity Name
GSC CONSULTING, LLC



Principal Place of Business
**8630 SW 3RD STREET, STE. 106
 PEMBROKE PINES, FL 33025**

Mailing Address
**24411 VENTURA CANYON CT.
 KATY, TX 77494 08**

60021491



2. Principal Place of Business - No P.O. Box #
8261 NW 5 TERR

3. Mailing Address
 Suite, Apt. #, etc. **329**

04032008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FL

City & State
 City & State

Zip **33126** Country **USA**

4. FEI Number
20-4323468

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CEPEDA, GUSTAVO
8630 SW 3RD STREET, STE. 106
PEMBROKE PINES, FL 33025

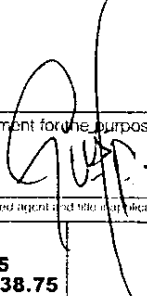
7. Name and Address of New Registered Agent

Name **GUSTAVO CEPEDA**

Street Address (P.O. Box Number is Not Acceptable)
8261 NW 5 TERR # 329

City **MIAMI** **FL** Zip Code **33126**

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  DATE **4-3-2008**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CEPEDA, GUSTAVO	
STREET ADDRESS	8630 SW 3RD STREET, STE. 106	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CEPEDA, MARIA	
STREET ADDRESS	8630 SW 3RD STREET, STE. 106	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **GUSTAVO CEPEDA** DATE **4/3/2008** DAYTIME PHONE # **(954) 648-2651**

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