
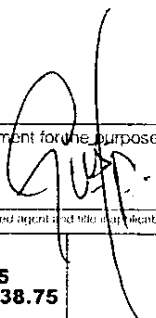
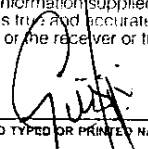


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90126 033 \*\*\*138.75

<b>DOCUMENT # L06000017161</b> 1. Entity Name <b>GSC CONSULTING, LLC</b>					
Principal Place of Business <b>8630 SW 3RD STREET, STE. 106 PEMBROKE PINES, FL 33025</b>			Mailing Address <b>24411 VENTURA CANYON CT. KATY, TX 77494 08</b>		
2. Principal Place of Business - No P.O. Box # <b>8261 NW 5 TERR</b>			3. Mailing Address Suite, Apt. #, etc. <b>329</b>		
City & State <b>MIAMI FL</b>			City & State <b>MIAMI FL</b>		
Zip <b>33126</b>		Country <b>USA</b>		4. FEI Number <b>20-4323468</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CEPEDA, GUSTAVO 8630 SW 3RD STREET, STE. 106 PEMBROKE PINES, FL 33025</b>			7. Name and Address of New Registered Agent Name <b>GUSTAVO CEPEDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8261 NW 5 TERR # 329</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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  <b>4-3-2008</b> <small>(Signature, typed or printed name of registered agent and title not applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEPEDA, GUSTAVO 8630 SW 3RD STREET, STE. 106 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEPEDA, MARIA 8630 SW 3RD STREET, STE. 106 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>GUSTAVO CEPEDA</b>				Date <b>4/3/2008</b> Daytime Phone # <b>(954) 648-2651</b>	