

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030105

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GROUP ALLIANCE CONSULTING, LLC

**Current Principal Place of Business:**

2123 THORN HOLLOW CT.  
ST.AUGUSTINE, FL 32092

**New Principal Place of Business:**

10528 CRESTON GLEN CIRCLE E  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

2123 THORN HOLLOW CT.  
ST.AUGUSTINE, FL 32092

**New Mailing Address:**

22999 CATERHAM DR.  
ASHBURN, VA 20148

**FEI Number:** 56-2567940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VELLANKI, GOPI KRISHNA  
2123 THORN HOLLOW CT.  
ST.AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

VELLANKI, GOPI KRISHNA  
10528 CRESTON GLEN CIRCLE E  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VELLANKI, GOPI  
Address: 10528 CRESTON GLEN CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GOPI K VELLANKI

MGRM

04/29/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date