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Jun 19, 2008 8:00 am
Secretary of State
05-14-2008 90080 030 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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30009614

DOCUMENT # L06000039575

1. Entity Name
STEEL CONSULTING SERVICES, LLC

Principal Place of Business	Mailing Address
413 SOUTH MELVILLE AVE UNIT D TAMPA, FL 33606	413 SOUTH MELVILLE AVE UNIT D TAMPA, FL 33606

04012008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLOGNE, ANTHONY
413 SOUTH MELVILLE AVE
UNIT D
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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: Anthony T Mologne 04/15/08
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

TITLE	MGRM
NAME	MOLOGNE, ANTHONY
STREET ADDRESS	413 SOUTH MELVILLE AVE., UNIT D
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Anthony T Mologne Anthony T. Mologne 05/31/08 813-240-3790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #