


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90138 004 ****50.00

DOCUMENT # L06000059838	
1. Entity Name G & G CONSULTANTS GROUP LLC	

Principal Place of Business 10320 SW 140 ST MIAMI, FL 33176	Mailing Address 10320 SW 140 ST MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16220 SW 280th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOMESTEAD FLA	
Zip	Country	Zip 33071	Country DADE

60013947



01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0883501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEON, ALBERTO JR 10320 SW 140 ST MIAMI, FL 33176		7. Name and Address of New Registered Agent Name JAMES E. TIEE Street Address (P.O. Box Number is Not Acceptable) 16220 SW 280th ST HOMESTEAD FLA City FL Zip Code 33071	
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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 *James E Tiede* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON, ALBERTO JR 10320 SW 140 ST MIAMI, FL 33176 <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: *Alberto Leon* **2-2-07** **(305) 798-8201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #