

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069559

FILED
Jul 25, 2007
Secretary of State

Entity Name: GMC CONSULTING GROUP, LLC

Current Principal Place of Business:

3750 SWEEPSTAKES CT
SUITE 2108
PALM HARBOR, FL 34684 US

New Principal Place of Business:

3740 DERBY DRIVE
SUITE 1108
PALM HARBOR, FL 34684 US

Current Mailing Address:

3750 SWEEPSTAKES CT
SUITE 2108
PALM HARBOR, FL 34684 US

New Mailing Address:

3740 DERBY DRIVE
SUITE 1108
PALM HARBOR, FL 34684 US

FEI Number: 20-5193087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHAN, GEORGE
3750 SWEEPSTAKES CT
SUITE 2108
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

COHAN, GEORGE
3740 DERBY DRIVE
SUITE 1108
PALM HARBOR, FL 34684 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:

07/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHAN, GEORGE
Address: 3750 SWEEPSTAKES CT SUITE 2108
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHAN, GEORGE
Address: 3740 DERBY DRIVE
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGE COHAN

MGRM

07/25/2007

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