

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

5/

05-08-2007 90116 048 ****50.00

DOCUMENT # L06000116823

1. Entity Name
STEPHEN L. OSEROFF CONSULTING, LLC



Principal Place of Business Mailing Address
6898 ANTINORI LANE **6898 ANTINORI LANE**
BOYNTON BEACH, FL 33437 **BOYNTON BEACH, FL 33437**

30010228

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05072007 Chg-LLC CR2E083 (12/06) *SO*

4. FEI Number Applied For
~~55772362896~~ N/A Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OSEROFF, STEPHEN
6898 ANTINORI LANE
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSEROFF, STEPHEN 6898 ANTINORI LANE BOYNTON BEACH, FL 33437 <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	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen Oseroff*
STEPHEN OSEROFF Date: **May 1, 2007** Daytime Phone #: **561-734-6399**

STEPHEN L. OSEROFF
CONSULTING, LLC
REAL ESTATE
DEVELOPMENT AND INVESTMENT

ATTACHMENT

30010228

6898 ANTINORI LANE
BOYNTON BEACH, FLORIDA
33437

Annual Reports Section
Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, Florida 32314

June 4, 2007

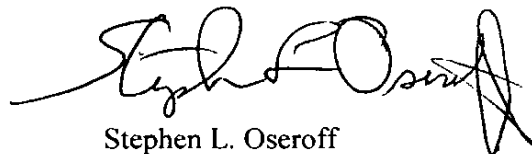
Subject: Stephen L. Oseroff
Consulting, LLC
Reference # L06000116823

To Whom It May Concern,

I received a letter dated May 22, 2007 relating to a FEI... I called the Division of Corp and spoke to a representative, explaining that the referenced LLC is owned by a single stockholder. We both agreed that the earnings passed to the shareholder and the SS# is used. She instructed me to return the form deleting the SS# and writing in N/A.

Attached to this letter is the form returned to me with the N/A change... If you have any additional question, please let me know.

Sincerely,


Stephen L. Oseroff