2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057806

Entity Name: GENERAL CONSULTING SOLUTION GROUP, LLC.

Current Principal Place of Business:	**New Principal Place of Business:**
10901 NW 43RD LN DORAL, FL 33178	

Current Mailing Address:	**New Mailing Address:**
10901 NW 43RD LN DORAL, FL 33178	

FEI Number: 35-2299862   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
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:	**Name and Address of New Registered Agent:**
PINHEIRO, SIMONE 10901 NW 43RD LN DORAL, FL 33178 US	SILVA, SIMONE D 10901 NW 43RD LN DORAL, FL 33178 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: SIMONE DA SILVA   06/11/2009

           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete Name: SILVA, NANDERSON Address: 10901 NW 43RD LN City-St-Zip: DORAL, FL 33178	Title: MGR (X) Change ( ) Addition Name: SILVA, NANDERSON D Address: 10901 NW 43RD LN City-St-Zip: DORAL, FL 33178
Title: MGR ( ) Delete Name: PINHEIRO, SIMONE Address: 10901 NW 43RD LN City-St-Zip: DORAL, FL 33178	Title: MGR (X) Change ( ) Addition Name: SILVA, SIMONE D Address: 10901 NW 43RD LN City-St-Zip: DORAL, FL 33178

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: SIMONE DA SILVA   MGR   06/11/2009

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