

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064384

FILED
Jan 26, 2009
Secretary of State

Entity Name: DEFINITIVE CONSULTING GROUP, LLC.

Current Principal Place of Business:

600 W LAS OLAS BLVD
SUITE 2205
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

2412 SW 34TH AVE
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

600 W LAS OLAS BLVD
SUITE 2205
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

2412 SW 34TH AVE
FORT LAUDERDALE, FL 33312 US

FEI Number: 60-0964928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENZA, JUSTIN
600 W LAS OLAS BLVD.
SUITE 2205
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

DEPASQUALE, EDWARD
2412 SW 34TH AVE
FORT LAUDERDALE, FL 33312 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: EDWARD DEPASQUALE

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PENZA, JUSTIN
Address: 600 W LAS OLAS BLVD SUITE 2205
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM () Delete
Name: WOODDELL, KRISTINE
Address: 600 W LAS OLAS BLVD SUITE 2205
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUSTIN PENZA

MGRM

01/26/2009

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