

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101581

FILED
Jan 17, 2008
Secretary of State

Entity Name: DO STRATEGIC CONSULTING, LLC

Current Principal Place of Business:

15992 DOUBLE EAGLE TRAIL
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

New Mailing Address:

6601 LYONS ROAD
F-5
COCONUT CREEK, FL 334073 US

Current Mailing Address:

15992 DOUBLE EAGLE TRAIL
DELRAY BEACH, FL 33446 US

FEI Number: 26-1189214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSIECKI, DAVID
15992 DOUBLE EAGLE TRAIL
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSIECKI, DAVID
Address: 15992 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGRM () Delete
Name: OSIECKI, MARY ELLEN
Address: 15992 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGRM () Delete
Name: OSIECKI, TIMOTHY
Address: 1000 ST. CHARLES ST UNIT 1
City-St-Zip: ATLANTA, GA 30306 US

Title: MGRM () Delete
Name: OSIECKI, MICHAEL
Address: 266 11TH ST
City-St-Zip: ATLANTA, GA 30309 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: OSIECKI, DAVID
Address: 15992 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: CEO (X) Change () Addition
Name: OSIECKI, MARY ELLEN
Address: 15992 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VP (X) Change () Addition
Name: OSIECKI, TIMOTHY
Address: 1000 ST. CHARLES ST UNIT 1
City-St-Zip: ATLANTA, GA 30306 US

Title: VP (X) Change () Addition
Name: OSIECKI, MICHAEL
Address: 265 W. 81ST STREET APT 9D
City-St-Zip: NEW YORK, NY 10024 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: DAVID OSIECKI

PRES

01/17/2008

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