2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000057732

Entity Name: GULF SOUTH CONSULTING, LLC

Current Principal Place of Business:

109 W. LAKEVIEW STREET
LADY LAKE, FL 32158

New Principal Place of Business:

109 W. LAKEVIEW STREET
LADY LAKE, FL 32159

Current Mailing Address:

POST OFFICE BOX 760
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM, LLC
13710 US HIGHWAY 441
SUITE 100
THE VILLAGES, FL 32159 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: SISTRUNK, ROBERT
Address: POST OFFICE BOX 760
City-St-Zip: LADY LAKE, FL 32158

Title: MGRM ( ) Delete
Name: MILLHORN, ERIC C
Address: 13710 US HIGHWAY 441, STE 100
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM ( ) Delete
Name: MILLHORN, RYAN J
Address: 13710 US HIGHWAY 441, STE 100
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

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

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: ERIC C. MILLHORN MGRM 04/16/2009

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