

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101288

FILED
Mar 24, 2009
Secretary of State

Entity Name: S&G BUSINESS CONSULTING, LLC.

Current Principal Place of Business:

4478 FRANCES DRIVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

1202 EAST ATLANTIC AVE.
A
DELRAY BEACH, FL 33483

Current Mailing Address:

4478 FRANCES DRIVE
DELRAY BEACH, FL 33445

New Mailing Address:

1202 EAST ATLANTIC AVE.
A
DELRAY BEACH, FL 33483

FEI Number: 94-3450304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIDDLE, SCOTT D
4478 FRANCES DRIVE
DELRAY BEACH, FL 33445 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: VP () Delete
Name: JANUSZEWSKI, GAIL W
Address: 4478 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: P () Delete
Name: RIDDLE, SCOTT D
Address: 4478 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIDDLE, SCOTT D
Address: 4478 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D (X) Change () Addition
Name: JANUSZEWSKI, GAIL W
Address: 4543 BRADY BLVD
City-St-Zip: DELRAY BEACH, FL 33445 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: SCOTT RIDDLE

MGRM

03/24/2009

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