

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002042

1. Entity Name  
DELOITTE CONSULTING (HOLDING SUB) LLC



Principal Place of Business

1633 BROADWAY  
NEW YORK, NY 10019

Mailing Address

4022 SELLS DRIVE  
HERMITAGE, TN 37076

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**



04042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0597650

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DELOITTE CONSULTING LLP
STREET ADDRESS	10 WESTPORT ROAD
CITY-ST-ZIP	WILTON, CT 06897

TITLE	
NAME	
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CITY-ST-ZIP	

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05/17/06-80125-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Barbara J. New*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-06 615-882-7600