2008 LIMITED LIABILITY COMPANY

FILED

08-04-2008 90053 014 ***138.75

CR2E083 (12/06)

Applied For

60046037

Aug 04, 2008 8:00 am Secretary of State

ANNUAL REPORT DOCUMENT # M04000004289 1. Entity Name
SMITH HANLEY CONSULTING GROUP LLC Principal Place of Business Mailing Address 1025 GREENWOOD BLVD 15915 KATY FREEWAY STE 285 **SUITE 210** LAKE MARY, FL 32746 HOUSTON, TX:77094 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. 06132008 Chg-LLC City & State City & State 4. FEI Number 87-0735158

				87-0735°	158	No	t Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		_7Name and A	ddress.of.New.Regis	tered Agent		
C T CORPORATION SYSTEM. 1200 SOUTH PINE ISLAND ROAD. PLANTATION, FL 33324			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code		
The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regi	stered agent, or both,	in the State of Florida.	I am familiar with,	and accept	
•								
SIGNATURE -	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 by September 12, 2008	607.193(2)(b), F.S. not receive the prior						
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHA	NGES		
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	CFO HLINAK, MICHAEL L MR. 15915 KATY FREEWAY HOUSTON, TX 77094	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BROSHY, ERAN 200 COTTONTAIL LANE, VANTAG SOMERSET, NJ 08873	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR BASSIN, DAVID 200 COTTONTAIL LANE, VANTAI SOMERSET, NJ 08873	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE • NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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r nereby certify that the information supplied with this fluing 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MICHAEL HUNAX

281-829-1110