

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020106

**Entity Name:** AMERICAN CONSULTING PROFESSIONALS, LLC

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**5739239103CC**

**Current Principal Place of Business:**

2818 CYPRESS RIDGE BLVD  
STE 200  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2818 CYPRESS RIDGE BLVD  
STE 200  
WESLEY CHAPEL, FL 33544

**FEI Number: 65-1167239**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name NOVOTNY, JEFFREY S  
Address 2818 CYPRESS RIDGE BLVD, STE 200  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name KORPI, SCOTT M  
Address 2818 CYPRESS RIDGE BLVD, STE 200  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name FORRETEL, RYAN R  
Address 2818 CYPRESS RIDGE BLVD, STE 200  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name MIRSON, BRIAN J  
Address 2818 CYPRESS RIDGE BLVD, STE 200  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name GRADY, ELIZABETH GAYLE  
Address 2818 CYPRESS RIDGE BLVD  
STE 200  
City-State-Zip: WESLEY CHAPEL FL 33544

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY S NOVOTNY**

**MGRM**

**03/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date