

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059747

**Entity Name:** DRIVE CONSULTING LLC

**Current Principal Place of Business:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 11-3731649

**Certificate of Status Desired:** Yes

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

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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 COFFINET, PIERRE  
Address 63 RUE DE REMICH  
City-State-Zip: WELENSTEIN L-5471

*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:** COFFINET PIERRE

**MANAGER**

**04/13/2017**

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

\_\_\_\_\_  
Date