

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059931

**Entity Name:** E.S.L. CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

169 EAST FLAGLER ST  
800  
MIAMI, FL 33131

**Current Mailing Address:**

169 EAST FLAGLER STREET  
STE 800  
MIAMI, FL 33131 US

**FEI Number:** 20-1608680

**Certificate of Status Desired:** No

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

PORRAS, SERGIO  
169 EAST FLAGLER STREET  
800  
MIAMI, FL 33131 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:** SERGIO PORRAS

04/27/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CANO, LUIS A  
Address 791 CRANDON BOULEVARD APT 1402  
City-State-Zip: KEY BISCAYNE FL 33149  
Title MGRM  
Name CANO, SAMUEL  
Address 791 CRANDON BOULEVARD APT 1402  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name TRUJILLO, MARIA P  
Address 791 CRANDON BOULEVARD APT 1402  
City-State-Zip: KEY BISCAYNE FL 33149  
Title MGRM  
Name CANO, EDUARDO  
Address 791 CRANDON BOULEVARD APT 1402  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** LUIS CANO

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date