

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095417

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC9716753183**

**Entity Name:** LAUS CONSULTING SERVICES LLC

**Current Principal Place of Business:**

732 N. THORNTON AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

732 N. THORNTON AVE  
ORLANDO, FL 32803 US

**FEI Number:** 26-1091921

**Certificate of Status Desired:** No

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

LAU, CHI Y  
732 N. THORNTON AVE  
ORLANDO, FL 32803 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	MGR	Title	MGR
Name	LAU, CHI Y	Name	HO, MEI
Address	1801 E COLONIAL DRIVE 108	Address	1801 E COLONIAL DRIVE 108
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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:** CHI LAU

**MGR**

**03/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date