

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094436

**Entity Name:** PGA CONSULTING LLC**Current Principal Place of Business:**8830 VILLA VIEW CIRCLE  
207  
ORLANDO, FL 32821**Current Mailing Address:**8830 VILLA VIEW CIRCLE  
ORLANDO, FL 32821**FEI Number:** 27-1055784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRADE, PEDRO G  
8830 VILLA VIEW CIRCLE  
ORLANDO, FL 32821 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
Name	ANDRADE, PEDRO G
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	MGRM
Name	DOLABELLA ANDRADE, ELIANA
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	MGRM
Name	DOLABELLA ANDRADE, GUSTAVO
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	MGRM
Name	DOLABELLA ANDRADE, CHRISTIANO
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	MGRM
Name	DOLABELLA ANDRADE, BERNARDO
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	MGRM
Name	DOLABELLA ANDRADE, ISABELA
Address	8830 VILLA VIEW CIRCLE
City-State-Zip:	ORLANDO FL 32821

*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:** PEDRO G ANDRADE

MGR

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date