

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094436

**Entity Name:** PGA CONSULTING LLC**Current Principal Place of Business:**5097 DOVE TREE STREET  
ORLANDO, FL 32811**Current Mailing Address:**5097 DOVE TREE STREET  
ORLANDO, FL 32811 US**FEI Number:** 27-1055784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDRADE, PEDRO G  
5097 DOVE TREE STREET  
ORLANDO, FL 32811 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 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name DOLABELLA ANDRADE, ELIANA  
Address 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name DOLABELLA ANDRADE, GUSTAVO  
Address 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name DOLABELLA ANDRADE, CHRISTIANO  
Address 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name DOLABELLA ANDRADE, BERNARDO  
Address 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

Title MGRM  
Name DOLABELLA ANDRADE, ISABELA  
Address 5097 DOVE TREE STREET  
City-State-Zip: ORLANDO FL 32811

*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

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date