that my name appears above, or on an attachment with all other like empowered. MANAGER

SIGNATURE: GIOCONDA MARTINS Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000111136

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: UNICONSULT GROUP, LLC

Current Principal Place of Business:

11337 LAKE LOUISA RD 1701 CLERMONT, FL 34711

Current Mailing Address:

11337 LAKE LOUISA RD 1701 CLERMONT, FL 34711 US

FEI Number: 27-1339503

Name and Address of Current Registered Agent:

PEREIRA, AMARO 11337 LAKE LOUISA RD 1701 CLERMONT, FL 34711 US

City-State-Zip: CLERMONT FL 34711

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.

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SIGNATURE	AMARO PEREIRA			02/22/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	PEREIRA, AMARO D	Name	UNICONSULT HOLDINGS, INC	
Address	11337 LAKE LOUISA RD 1701	Address	11337 LAKE LOUISA RD 1701	
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711	
Title	MANAGER			
Name	MARTINS, GIOCONDA			
Address	11337 LAKE LOUISA RD 1701			

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

FILED Feb 22, 2023 Secretary of State 0904109788CC

Certificate of Status Desired: No

02/22/2023