

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004295

**Entity Name:** FACKIH CONSULTING SOLUTIONS LLC

**Current Principal Place of Business:**

14988 CATHY LN  
LARGO, FL 33774

**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC9665582724**

**Current Mailing Address:**

PO BOX 25301  
TAMPA, FL 33622 US

**FEI Number: 27-4550519**

**Certificate of Status Desired: No**

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

FACKIH, MAJED  
14988 CATHY LN  
LARGO, FL 33774 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	MGRM	Title	MGRM
Name	FACKIH, MAJED	Name	SALAME, SAHAR A
Address	PO BOX 25301	Address	PO BOX 25301
City-State-Zip:	TAMPA FL 33622	City-State-Zip:	TAMPA FL 33622

*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: MAJED FACKIH**

**MANAGING MEMBER**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date