Electronic Signature of Signing Authorized Person(s) Detail

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L11000046416

# Entity Name: DRISCOLL-JOHNSON CONSULTING AND DIVERSITY, LLC

#### **Current Principal Place of Business:**

424 E. CENTRAL BLVD. SUITE 506 ORLANDO, FL 32801

#### **Current Mailing Address:**

424 E. CENTRAL BLVD. SUITE 506 ORLANDO, FL 32801

### FEI Number: 45-1774075

### Name and Address of Current Registered Agent:

JOHNSON, STEPHEN M 424 E. CENTRAL BLVD. SUITE 506 ORLANDO, FL 32801 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

#### Authorized Person(s) Detail :

Title MGRM Name JOHNSON, STEPHEN M 424 E. CENTRAL BLVD., SUITE 506 Address City-State-Zip: ORLANDO FL 32801

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: STEPHEN M. JOHNSON

Certificate of Status Desired: No

MANAGING PARTNER

04/05/2017 Date

FILED Apr 05, 2017 Secretary of State CC9904170305

Date