

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048046

**Entity Name:** LMA CONSULTING LLC

**Current Principal Place of Business:**

486 LAKEVIEW DR.  
#55  
PALM HARBOR, FL 34683

**Current Mailing Address:**

486 LAKEVIEW DR.  
#55  
PALM HARBOR, FL 34683

**FEI Number:** 46-3787864

**Certificate of Status Desired:** No

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

MACYSZYN, ANDREW  
486 LAKEVIEW DR.  
#55  
PALM HARBOR, FL 34683 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  
Name MACYSZYN, LUKE M.D.  
Address 1103 CANTRELL ST.  
City-State-Zip: PHILADELPHIA PA 19148

Title MGRM  
Name MACYSZYN, MARTIN ESQ.  
Address 2173 TUSCANY TRACE, UNIT 165  
City-State-Zip: PALM HARBOR FL 34683

Title MGRM  
Name MACYSZYN, ANDREW  
Address 486 LAKEVIEW DR. #55  
City-State-Zip: PALM HARBOR FL 34683

*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:** MARTIN MACYSZYN

MGRM

03/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date