

**2023 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:** Yes

**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 4764 LA VILLA MARINA  
UNIT D  
City-State-Zip: MARINA DEL REY CA 90292

Title MGRM  
Name MACYSZYN, MARTIN ESQ.  
Address 10620 GARDA DRIVE  
City-State-Zip: TRINTY FL 34655

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:** ANDREW MACYSZYN

MGRM

01/06/2023

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

\_\_\_\_\_  
Date