

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000011661

**Entity Name:** PAM NELSON CONSULTING LLC

**Current Principal Place of Business:**

16 ISLAND AVE  
SUITE 1B  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

16 ISLAND AVE, #1B  
MIAMI BEACH, FL 33139 US

**FEI Number:** 45-4365022

**Certificate of Status Desired:** Yes

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

NELSON, PAM  
16 ISLAND AVE, #1B  
MIAMI BEACH, FL 33139 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:** PAMELA NELSON

03/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NELSON, PAMELA  
Address 16 ISLAND AVE, #1B  
City-State-Zip: MIAMI BEACH FL 33139

*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:** PAMELA NELSON

**OWNER / PRESIDENT**

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date