#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: OSCAR E PENA PRESIDENT

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

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

| Authorized Person(s) Detail : |                     |                 |                     |  |
|-------------------------------|---------------------|-----------------|---------------------|--|
| Title                         | MGR                 | Title           | MGRM                |  |
| Name                          | OSCAR, PENA         | Name            | SILVA ZOANDRY K     |  |
| Address                       | 8115 NW 53ST<br>125 | Address         | 8115 NW 53ST<br>125 |  |
| City-State-Zip:               | DORAL FL 33166      | City-State-Zip: | DORAL FL 33166      |  |

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.

| С  | urrent Principal Place of Business: |
|----|-------------------------------------|
| 81 | 15 NW 53ST                          |

125 DORAL, FL 33166

### **Current Mailing Address:**

8115 NW 53ST 125 DORAL, FL 33166 US

## FEI Number: 45-5617165

# Name and Address of Current Registered Agent:

PENA, OSCAR E 8115 NW 53ST 125 DORAL, FL 33166 US FILED

Certificate of Status Desired: Yes

Date

03/11/2021

Mar 11, 2021 Secretary of State 8680851202CC

#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L12000081720

Entity Name: IDA CONSULTING LLC