

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000081720

**Entity Name:** IDA CONSULTING LLC

**Current Principal Place of Business:**

8111 NW 53RD ST  
372  
MIAMI, FL 33166

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC0152300490**

**Current Mailing Address:**

8111 NW 53RD ST  
372  
MIAMI, FL 33166 US

**FEI Number:** 45-5617165

**Certificate of Status Desired:** No

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

PENA, OSCAR E  
8111 NW 53RD ST  
372  
MIAMI, FL 33166 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            MGR  
Name            OSCAR, PENA  
Address        6360 NW 114TH AVENUE APT 203  
City-State-Zip: DORAL FL 33178

Title            MGRM  
Name            SILVA ZOANDRY K  
Address        6360 NW 114 AVENUE APT 203  
City-State-Zip: DORAL FL 33178

*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:** OSCAR PENA

AMBR

03/21/2016

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

\_\_\_\_\_  
Date