

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154392

**Entity Name:** ILEGEND MULTI-SERVICE CONSULTING FIRM LLC

**Current Principal Place of Business:**

1351 NW 18TH DRIVE  
206  
POMPANO BEACH , FL 33069

**Current Mailing Address:**

1351 NW 18TH DRIVE  
206  
POMPANO BEACH, FL 33069 US

**FEI Number:** 46-1543355

**Certificate of Status Desired:** No

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

CHARLES, DAVE W MGR  
1351 NW 18TH DRIVE  
SUITE 206  
POMPANO BEACH, FL 33069 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:** DAVE CHARLES

03/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HERBERT, MARITZA  
Address 1351 NW 18TH DRIVE  
SUITE 206  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name CHARLES, SOREL  
Address 1351 NW 18TH DRIVE  
SUITE 206  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name CHARLES, DAVE W  
Address 1351 NW 18TH DRIVE  
SUITE 206  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name CHARLES, ADELINE  
Address 1351 NW 18TH DR  
SUITE 206  
City-State-Zip: POMPANO BEACH FL 33069

*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:** DAVE CHARLES

MGR MEMBER

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date