

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

12/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HERBERT, MARITZA
Address 5031 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33417

Title MGR
Name CHARLES, SOREL
Address 5031 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33417

Title S
Name CHARLES, DAVE W
Address 5031 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33417

Title T
Name CHARLES, ADELINE
Address 5031 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33417

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

MANAGER

12/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date