# 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.

OWNER

SIGNATURE: MICHAEL P DRISCOLL

Electronic Signature of Signing Authorized Person(s) Detail

## 2547 SW REILLEY AVE PALM CITY, FL 34990 US

**Current Principal Place of Business:** 

DOCUMENT# L13000154180

2547 SW REILLEY AVE PALM CITY, FL 34990

**Current Mailing Address:** 

#### FEI Number: 83-1936507 Name and Address of Current Registered Agent:

DRISCOLL, MICHAEL P. 2547 SW REILLEY AVE PALM CITY, FL 34990 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: MICHAEL P DRISCOLL

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: DRISCOLL INVESTIGATIVE CONSULTANTS LLC

#### Authorized Person(s) Detail :

TitleMGRNameDRISCOLL, MICHAEL PAULAddress2547 SW REILLEY AVECity-State-Zip:PALM CITY FL 34990

FILED Mar 14, 2023

#### Secretary of State 9585816767CC

Certificate of Status Desired: No

03/14/2023

Date

Date

03/14/2023