

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000157568

Entity Name: P3 CONSULTING GROUP, LLC**Current Principal Place of Business:**2100 PONCE DE LEON BLVD
SUITE 1270
CORAL GABLES, FL 33134**Current Mailing Address:**2100 PONCE DE LEON BLVD
SUITE 1270
CORAL GABLES, FL 33134 US**FEI Number:** 46-4096457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, BASIL S
2100 PONCE DE LEON BLVD
SUITE 1270
CORAL GABLES, FL 33134 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	CEO
Name	WILLIAMS, BASIL S
Address	2100 PONCE DE LEON BLVD SUITE 1270
City-State-Zip:	CORAL GABLES FL 33134

Title	SECT
Name	WILLIAMS, TONI R
Address	2100 PONCE DE LEON BLVD SUITE 1270
City-State-Zip:	CORAL GABLES FL 33134

Title	TRES
Name	WILLIAMS, JOLI C
Address	2100 PONCE DE LEON BLVD SUITE 1270
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	SIMMONDS, JUDITH K
Address	2100 PONCE DE LEON BLVD SUITE 1270
City-State-Zip:	CORAL GABLES FL 33134

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: BASIL WILLIAMS**PRESIDENT****01/14/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date