Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000084178

Entity Name: IBRAHIM CONSULTING LLC

### **Current Principal Place of Business:**

21 NW 203 RD TERRACE B12 MIAMI, FL 33169

### **Current Mailing Address:**

21 NW 203 RD TERRACE B12 MIAMI, FL 33169

#### FEI Number: 46-5743281

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

MAHMUD, IBRAHIM 21 NW 203 RD TERRACE B12 MIAMI, FL 33169 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

#### Authorized Person(s) Detail :

TitleMGRNameMAHMUD, IBRAHIMAddress21 NW 203 RD TERRACECity-State-Zip:MIAMI FL 33169

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: IBRAHIM MAHMUD

Date

## FILED May 01, 2016 Secretary of State CC4049577056

Certificate of Status Desired: No

05/01/2016

Date