

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149547

**Entity Name:** C1C CONSULTING SERVICES LLC.

**Current Principal Place of Business:**

6103 NW 114 PLACE  
#266  
DORAL, FL 33178

**Current Mailing Address:**

6103 NW 114 PLACE  
#266  
DORAL, FL 33178 US

**FEI Number:** 37-1765811

**Certificate of Status Desired:** No

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

COVARRUBIA, JENNY  
6103 NW 114 PLACE  
#266  
DORAL,, FL 33178 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 MGRM  
Name COVARRUBIA SUE, GUSTAVO A  
Address 6103 NW 114 PLACE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name COLMENARES, JOSE G  
Address 6103 NW 114 PLACE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name MENDEZ GONZALEZ, DAVID S  
Address 6103 NW 114 PLACE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name SANTANA PINEDA, ANDRES E  
Address 6103 NW 114 PLACE  
City-State-Zip: DORAL FL 33178

*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:** GUSTAVO ALBERTO COVARRUBIA SUE

**MEMBER**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date