

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191782

**Entity Name:** AVANTI HEALTHCARE CONSULTING GROUP , LLC

**Current Principal Place of Business:**

8430 SW 8TH STREET  
SUITE #204B  
MIAMI, FL 33144

**Current Mailing Address:**

8430 SW 8TH STREET  
SUITE #204B  
MIAMI, FL 33144 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RUIZ, ISABEL M  
8430 SW 8 ST  
#204B  
MIAMI, FL 33144 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:** ISABEL M RUIZ

04/04/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name RUIZ, ISABEL M  
Address 8430 SW 8TH STREET #204B  
City-State-Zip: MIAMI FL 33144

*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:** ISABEL RUIZ

AUTHORIZED MEMBER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date