

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000056165

**Entity Name:** ALIVE CONSULTING LLC

**Current Principal Place of Business:**

4204 W WATROUS AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

4204 W WATROUS AVENUE  
TAMPA, FL 33629 US

**FEI Number:** 47-3553057

**Certificate of Status Desired:** No

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

WILSON, DAVID A ESQ  
201 S W 2ND STREET  
SUITE 101  
OCALA, FL 34474 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           | MGR                   | Title           | AMBR               |
| Name            | DAURIE, SUSAN         | Name            | MARKARIAN, ANNE R  |
| Address         | 4204 W WATROUS AVENUE | Address         | 13561 AVISTA DRIVE |
| City-State-Zip: | TAMPA FL 33629        | City-State-Zip: | TAMPA FL 33624     |

*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:** SUSAN DAURIE

**MGR**

**04/05/2018**

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

\_\_\_\_\_  
Date