•		LNESS CONSULTING	, LLC	Secretary of State CC4996237024
Current M	ailing Address:			
-	EY PLACE FL 33596 US			
FEI Number: 47-4729704 Certificate of Stat				f Status Desired: No
Name and	Address of Current Registered Ager	nt:		
MARTIN, ST 4317 ARLEY VALRICO, FI	PLACE			
MARTIN, ST 4317 ARLEY VALRICO, FI	PLACE	nging its registered office or regis	tered agent, or both,	in the State of Florida.
MARTIN, ST 4317 ARLEY VALRICO, FI The above nar	PLACE L 33596 US	nging its registered office or regis	tered agent, or both,	in the State of Florida. 01/11/2017
MARTIN, ST 4317 ARLEY VALRICO, FI The above nar	PLACE L 33596 US ned entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both,	
MARTIN, ST 4317 ARLEY VALRICO, FI <i>The above nar</i> SIGNATU	PLACE 2 33596 US med entity submits this statement for the purpose of cha RE: STEPHANIE MARTIN Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both,	01/11/2017
MARTIN, ST 4317 ARLEY VALRICO, FI <i>The above nar</i> SIGNATU	PLACE 2 33596 US med entity submits this statement for the purpose of cha RE: STEPHANIE MARTIN	nging its registered office or regis	tered agent, or both,	01/11/2017
MARTIN, ST 4317 ARLEY VALRICO, FI <i>The above nar</i> SIGNATUI	PLACE 2 33596 US med entity submits this statement for the purpose of cha RE: STEPHANIE MARTIN Electronic Signature of Registered Agent d Person(s) Detail :			01/11/2017 Date
MARTIN, ST 4317 ARLEY VALRICO, FI <i>The above nar</i> SIGNATUI Authorize Title	PLACE 2 33596 US med entity submits this statement for the purpose of cha RE: STEPHANIE MARTIN Electronic Signature of Registered Agent d Person(s) Detail : MGR	Title	AR	01/11/2017 Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000132558

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: STEPHANIE MARTIN

MGR

01/11/2017

FILED Jan 11, 2017

Electronic Signature of Signing Authorized Person(s) Detail