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: HALL, ROGER

AMBR

01/08/2019 Date

DOCUMENT# L15000189929

Entity Name: T & K PROFESSIONAL CONSULTING SERVICES, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11958 CYPRESS LINKS DRIVE FORT MYERS. FL 33913

Current Mailing Address:

11958 CYPRESS LINKS DRIVE FORT MYERS. FL 33913 US

FEI Number: 47-5481436

Name and Address of Current Registered Agent:

HALL, TAMRA 11958 CYPRESS LINKS DRIVE FORT MYERS, FL 33913 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 :

Title	AMBR	Title	AMBR
Name	HALL, TAMRA	Name	HALL, ROGER
Address	11958 CYPRESS LINKS DRIVE	Address	11958 CYPRESS LINKS DRIVE
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913

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
my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

FILED Jan 08, 2019 Secretary of State 5864568055CC