

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000038926

**Entity Name:** AXCSS CONSULTING, LLC

**Current Principal Place of Business:**

15580 NE 17TH PL  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 514  
WILLISTON, FL 32696 US

**FEI Number: 81-1569179**

**Certificate of Status Desired:** No

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

WILSON, MARY J  
15580 NE 17TH PLACE  
WILLISTON, FL 32696 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  
Name WILSON, MARY J  
Address PO BOX 514  
City-State-Zip: WILLISTON FL 32696

*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: MARY JOYCE WILSON**

**MANAGER**

**04/26/2018**

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

\_\_\_\_\_  
Date