

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000060406

Entity Name: DJFT CONSULTING GROUP LLC**Current Principal Place of Business:**341 COVERED BRIDGE BOULEVARD
LAKE WORTH, FL 33467**Current Mailing Address:**33 BUCKINGHAM DRIVE
READING, MA 01867**FEI Number:** 81-4728417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUGO, FRANCISCO
341 COVERED BRIDGE BOULEVARD
LAKE WORTH, FL 33467 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:** LUGO, FRANCISCO

04/30/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name CAMACHO, DENNIS DR
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

Title AR
Name GUARDIA, JUAN DR
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

Title AR
Name LUGO, FRANCISCO
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

Title AR
Name MENA, TERRY DR
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

Title AUTHORIZED REPRESENTATIVE
Name MIRANDA, MONICA
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

Title AUTHORIZED REPRESENTATIVE
Name LOPEZ HERRERA, VICTORIA
Address 341 COVERED BRIDGE BOULEVARD
City-State-Zip: LAKE WORTH FL 33467

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: LUGO , FRANCISCO

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date