# SIGNATURE: DAVID DOMZALSKI

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

Electronic Signature of Signing Authorized Person(s) Detail

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

### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L16000167705

Entity Name: CHAIN BRIDGE CONSULTING LLC

# **Current Principal Place of Business:**

253 NE 2ND ST 3305 MIAMI, FL 33132

### **Current Mailing Address:**

253 NE 2ND ST 3305 MIAMI, FL 33132 US

#### FEI Number: 81-4608554

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

REGISTERED AGENTS INC 3030 N. ROCKY POINT DR. 150A TAMPA, FL 33607 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	AR	Title	AR
Name	DOMZALSKI, DAVID J	Name	DAMELIS, THEOCHARIS D
Address	4201 31ST ST S, APT. 510	Address	4201 31ST ST S, APT. 510
City-State-Zip:	ARLINGTON VA 22206	City-State-Zip:	ARLINGTON VA 22206

04/09/2017 PRESIDENT

Date

### FILED Apr 09, 2017 Secretary of State CC9237346923

Certificate of Status Desired: Yes

Date