

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000199686

**Entity Name:** CLARKE HCM CONSULTING, L.L.C.

**Current Principal Place of Business:**

4621 DOGWOOD SPRINGS LN  
301  
GLEN ALLEN, FL 23059

**Current Mailing Address:**

4621 DOGWOOD SPRINGS LN  
301  
GLEN ALLEN, VA 23059 US

**FEI Number:** 82-1989110

**Certificate of Status Desired:** Yes

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

SEARS, WILLIAM  
6160 N DAVIS HIGHWAY, STE#7  
PENSACOLA, FL 32504 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 AMBR  
Name CLARKE, PHILIP J  
Address 4621 DOGWOOD SPRINGS LN  
301  
City-State-Zip: GLEN ALLEN VA 23059

*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:** PHILIP J. CLARKE

**PRESIDENT**

**02/04/2019**

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

\_\_\_\_\_  
Date