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: KARL ALTERMAN

Electronic Signature of Signing Authorized Person(s) Detail

, ii

MANAGER

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000019675

Entity Name: KA AND ASSOCIATES CONSULTING, LLC

Current Principal Place of Business:

303 E. WOODBRIGHT RD, #184 BOYNTON BEACH, FL 33435

Current Mailing Address:

303 E. WOODBRIGHT RD, #184 BOYNTON BEACH, FL 33435 US

FEI Number: 81-5122510

Name and Address of Current Registered Agent:

SCHNER, LARRY E 6111 BROKEN SOUND PARKWAY SUITE 200 BOCA RATON, FL 33487 US

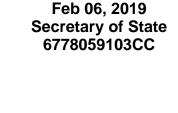
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(s) Detail .			
Title	MGR	Title	MGR
Name	ALTERMAN, KARL	Name	ALTERMAN, KARL
Address	5505 N OCEAN BLVD 5-102	Address	5505 N OCEAN BLVD 5-102
City-State-Zip:	OCEAN RIDGE FL 33435	City-State-Zip:	OCEAN RIDGE FL 33435



FILED

Certificate of Status Desired: No

02/06/2019 Date

Date