

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000022386

**Entity Name:** HORIZONS CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

106 WHEELER PLACE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

106 WHEELER PLACE  
CRESTVIEW, FL 32539 US

**FEI Number: 82-4654316**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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	Title	MANAGER
Name	HANNA, SHARON	Name	AYERS, KAREN
Address	106 WHEELER PLACE	Address	4140 SUNCREST LANE
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	MOLINO FL 32577

*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: SHARON HANNA**

**MANAGER**

**06/28/2019**

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

\_\_\_\_\_  
Date