

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000025913

**Entity Name:** FULL SHAPE CONSULTING, LLC

**Current Principal Place of Business:**

444 BRICKELL AVE.  
SUITE 51-512  
MIAMI, FL 33131

**Current Mailing Address:**

444 BRICKELL AVE.  
SUITE 51-512  
MIAMI, FL 33131 US

**FEI Number:** 38-4060505

**Certificate of Status Desired:** No

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

DIFALCO & FERNANDEZ, LLLP  
777 BRICKELL AVE.  
SUITE 630  
MIAMI, FL 33131 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 MGRM  
Name R. D. SCARDOVELLI, DANIELE  
Address R. MIGUEL MATTE, 252 AP 1602  
PIONEIROS  
City-State-Zip: BALNEARIO CAMBORIU-SC BRAZIL  
XX 88331--030

*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:** DANIELE R.D. SCARDOVELLI

MGRM

04/17/2019

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

\_\_\_\_\_ Date