

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000179479

**Entity Name:** STRONG POINT CONSULTING LLC

**Current Principal Place of Business:**

PO 810651  
BOCA RATON, FL 33481

**Current Mailing Address:**

PO 810651  
BOCA RATON, FL 33481 US

**FEI Number: 83-1376400**

**Certificate of Status Desired:** No

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

WADDELL, LISA  
8130 GLADES RD.  
# 285  
BOCA RATON, FL 33434 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            WADDELL, LISA  
Address        PO810651  
City-State-Zip: BOCA RATON FL 33481

*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:** LISA WADDELL

**REGISTERED AGENT**

**04/09/2019**

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

\_\_\_\_\_  
Date