#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000222753

Entity Name: AUTHELET CONSULTING LLC

Apr 04, 2019

# **Secretary of State** 4599511740CC

**FILED** 

## **Current Principal Place of Business:**

4626 HARBOUR VILLAGE BLVD.

3502

PONCE INLET, FL 32127

# **Current Mailing Address:**

4626 HARBOUR VILLAGE BLVD.

PONCE INLET, FL 32127 US

FEI Number: 83-1985975 Certificate of Status Desired: No

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

AUTHELET, DIANE 4626 HARBOUR VILLAGE BLVD. 3502 PONCE INLET, FL 32127 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** 

AUTHELET, DIANE Name

4626 HARBOUR VILLAGE BLVD., UNIT Address

City-State-Zip: PONCE INLET FL 32127

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: DIANE AUTHELET **PRESIDENT** 

Electronic Signature of Signing Authorized Person(s) Detail

04/04/2019 Date