

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000192055

**Entity Name:** WJOB CONSULTING SERVICES LLC

**Current Principal Place of Business:**

12880 SW AUREOLIAN LANE  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

12880 SW AUREOLIAN LANE  
PORT SAINT LUCIE, FL 34987

**FEI Number:** 47-4190028

**Certificate of Status Desired:** No

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

O'BYRNE, WILLIAM J  
12880 SW AUREOLIAN LANE  
PORT ST. LUCIE, FL 34987 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 CEO  
Name O'BYRNE, WILLIAM J  
Address 12880 SW AUREOLIAN LANE  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MRG  
Name ANDERSON, TRACY A  
Address 12880 SWW AUREOLIAN LANE  
City-State-Zip: PORT ST. LUCIE FL 34987

Title MRG  
Name SCHERRER, CHRISTINE  
Address 12880 SW AURELIAN LANE  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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:** WILLIAM J O'BYRNE

**OWNER**

**01/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date