

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000069243

Entity Name: PLS CONSULTING LLC**Current Principal Place of Business:**16841 RIDGEWOOD AVE
MONTVERDE, FL 34756**Current Mailing Address:**16841 RIDGEWOOD AVE
MONTVERDE, FL 34756 US**FEI Number:** 32-0625739**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHIVDAT, PREYA
16841 RIDGEWOOD AVE
MONTVERDE, FL 34756 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 | PRESIDENT |
| Name | SHIVDAT, RAVI P | Name | SHIVDAT, PREYA |
| Address | 16841 RIDGEWOOD AVE | Address | 16841 RIDGEWOOD AVE |
| City-State-Zip: | MONTVERDE FL 34756 | City-State-Zip: | MONTVERDE FL 34756 |
| | | | |
| Title | AUTHORIZED MEMBER | | |
| Name | KONA ICE OF NW ORLANDO, LLC | | |
| Address | 16841 RIDGEWOOD AVE | | |
| City-State-Zip: | MONTVERDE FL 34756 | | |

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: RAVI SHIVDAT

MGR

12/11/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date