

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000364755

**Entity Name:** 5779 CONSULT LLC

**Current Principal Place of Business:**

5779 SW 9TH CT  
CAPE CORAL, FL 33914

**Current Mailing Address:**

5779 SW 9TH CT  
CAPE CORAL, FL 33914 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MANAGEMENT TAX CONSULTING INC  
4430 ORCHID BLVD  
202  
CAPE CORAL, FL 33904 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            AUTHORIZED MEMBER  
Name            BAUMGAERTNER, WERNER  
Address        5779 SW 9TH CT  
City-State-Zip: CAPE CORAL FL 33914

*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:** BAUMGAERTNER, WERNER

MEMBER

01/12/2024

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

\_\_\_\_\_  
Date