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. 02/09/2024 PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000535198

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CLAUDIO CONSULTING LLC

Current Principal Place of Business:

5182 JOHNSON CREEK DRIVE JACKSONVILLE, FL 32218

Current Mailing Address:

5182 JOHNSON CREEK DRIVE JACKSONVILLE, FL 32218

FEI Number: 87-4377877

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CLAUDIO, MICHELLE 5182 JOHNSON CREEK DRIVE JACKSONVILLE, FL 32218 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:

Authorized Person(s) Detail :			
Title	MGR	Title	AP
Name	CLAUDIO, MICHELLE	Name	CLAUDIO, PATRICK
Address	5182 JOHNSON CREEK DRIVE	Address	5182 JOHNSON CREEK DRIVE
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218

SIGNATURE: MICHELLE CLAUDIO

FILED Feb 09, 2024 Secretary of State 6218593130CC

Certificate of Status Desired: Yes

Date

Date