

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000000669

**Entity Name:** MISHELE TEAM CONSULTANT LLC

**Current Principal Place of Business:**

567 PINE BLUFF DR  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

6236 W DESERT INN RD STE 100  
LAS VEGAS, NV 89146 US

**FEI Number: 82-1536408**

**Certificate of Status Desired: No**

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

GAVRIELE, MISHELE  
567 PINE BLUFF DR  
ST AUGUSTINE, FL 32092 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  
Name            GAVRIELE, MISHELE  
Address        567 PINE BLUFF DR  
City-State-Zip: ST AUGUSTINE FL 32092

*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: MISHELE GAVRIELE**

**AMBR**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date