

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000211430

**Entity Name:** PROTEGE CONSULTING GROUP LLC

**Current Principal Place of Business:**

1235 CHESHIRE STREET  
GROVELAND, FL 34736

**Current Mailing Address:**

1235 CHESHIRE STREET  
GROVELAND, FL 34736 US

**FEI Number:** 36-5071397

**Certificate of Status Desired:** No

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

CARE COMPLETE SERVICES, INC  
15430 CR 565A  
N  
GROVELAND, FL 34736 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            GRAHAM, DEXTER  
Address        1235 CHESHIRE STREET  
City-State-Zip: GROVELAND FL 34736

*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:** DEXTER GRAHAM

CEO

05/01/2024

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

\_\_\_\_\_ Date