

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000409724

**Entity Name:** PARADIGM CONSULTING SERVICES LLC

**Current Principal Place of Business:**

4846 N. UNIVERSITY DR.  
670  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4846 N. UNIVERSITY DR.  
670  
LAUDERHILL, FL 33351

**FEI Number:** 30-1373672

**Certificate of Status Desired:** No

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

ANDRADE, NATASHA  
4846 N. UNIVERSITY DR.  
670  
LAUDERHILL, FL 33351 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  
Name ANDRADE, NATASHA  
Address 5485 GATE LAKE ROAD  
City-State-Zip: TAMARAC FL 33319

*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:** NATASHA ANDRADE

**MANAGER**

**03/04/2024**

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

\_\_\_\_\_  
Date