

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000436419

**Entity Name:** ACD CONSULTING GROUP LLC

**Current Principal Place of Business:**

6740 E TROPICAL WAY  
PLANTATION, FL 33317

**Current Mailing Address:**

6740 E TROPICAL WAY  
PLANTATION, FL 33317

**FEI Number:** 61-2119431

**Certificate of Status Desired:** No

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

SILVAS FINANCIAL SERVICES, LLC  
5220 S UNIVERSITY DR  
STE 102  
DAVIE, FL 33328 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	MGRM	Title	MANAGER
Name	DEMIANEW, ADRIANA	Name	ROBERT, DEMIANEW JAMES
Address	6740 E TROPICAL WAY	Address	6740 E TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*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:** ADRIANA DEMIANEW

**MANAGING MEMBER**

**02/18/2024**

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

\_\_\_\_\_  
Date