LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINI	ESS REPORT	(UBR)			
DOCUMENT # L 0000000 1961  1. Entity Name  SARATOGA CONSULTING, LL C				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	M	
				03 FEB 21 PM 4: 34	424	
DO NOT WRITE IN THIS SPACE				. 4.	·. ( )	
2. Principal Place of Business 1015 10TH STREET 1015 10TM  Suite, Apt. #, etc. 3. Mailing Address 1015 10TM  Suite, Apt. #, etc.			TREET	DO NOT WRITE IN THI	S SPACE	
City & State  LAKE PARK, FL  LAKE		City & State LAKE PARK,		4. FEI Number Applied For		
Zip 33403	Country	Zip 33 40 3	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			Name RA	7. Name and Address of Current Registered Agent Name RANDALL S. SIMOC S		
			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)  1015 10TH STREET		
			City LAKE	LAKE PARK FL Zip Code		
SIGNATURE	ned entity submits this state ment of of registered agent.  By:  """ by bed or printed name of registered agent agent.	, mays.	egistered office or registe	ered agent, or both, in the State of Florida. I am	familiar with, and accept	
		Make Check Payable	EE IS \$50.00 e to Florida Departmo UE BY MAY 1	ent of State		
9.	MANAGING MEMBER	RS/MANAGERS	TITLE	Convention of the Company of the Convention of t		
NAME R STREET ADDRESS 1 C	ANDALL S. SIMOS DIS TOTH STREE AKE PARK, FL	$\tau$	NAME STREET ADDRESS CITY-ST-ZIP	<b>800012960</b> 02/21/030105501	0 <b>708</b> 8 **55,00   \$ 	
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THILE NAME STREET ADDRESS			CITY-ST-ZIP  TITLE  NAME			
CITY-SI-ZIP	311		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that sty 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 and ownered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date:  Date: Date						
SIGN	MATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAC	GER, OR AUTHORIZED REPRESE	NTATIVE Date	Daytime Phone #	