

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JAN 25 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016342

1. Entity Name

CONSULTEND-US, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8106 NW 17TH MANOR

Suite, Apt. #, etc.

3. Mailing Address

8106 NW 17TH MANOR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-1140263

Applied For

Not Applicable

Zip

33322

Country

Zip

33322

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LARRY SISSON

Street Address (P.O. Box Number is Not Acceptable)

218 SOUTHERN COUNTRY LANE

City

QUINCY

FL

Zip Code  
32351

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER HENDRICKSON J. PEDROZA 8106 NW 17TH MANOR PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004843658--0 01/30/02--01013--023 *****50.00 *****50.00
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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 my 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 608, Florida Statutes.

SIGNATURE:

HENDRICKSON PEDROZA

Date

Daytime Phone #

1/21/02 (954) 370-7020

CR2E083B (12/01)