

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 037 \*\*\*\*50.00

DOCUMENT # L01000021243

1. Entity Name

Consulting Industry, LLC

**DO NOT WRITE IN THIS SPACE**

965765

2. Principal Place of Business

360 South Shore Dr.

Suite, Apt. #, etc.

3. Mailing Address

360 South Shore Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

34234

Country

USA

Zip

34234

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Fletcher, W. Rick

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

360 South Shore Drive

City

SARASOTA

FL

Zip Code

34234

**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: member / Jack Khinevel  
NAME: Overseas Protective Group of  
STREET ADDRESS: Holdings, GmbH.  
CITY- ST- ZIP: 1st Floor, Allied Bldg. PO Box

TITLE: 381 Victoria, Male, Seychelles

TITLE: manager / member / Michael  
NAME: SAVASO Lombard Consulting  
STREET ADDRESS: Group Limited.  
CITY- ST- ZIP: Plaza Trade Center #12

TITLE: Victoria, Male, Seychelles

TITLE: DO NOT WRITE  
NAME: IN THIS SPACE  
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CITY- ST- ZIP:

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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:

Jack Khinevel / Director of Overseas Protective Group of Holdings, GmbH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/2002

CR2E083B (12/01)