

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000004860

1. Entity Name
SGL CONSULTING, LLC



FILED
Feb 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
2930 NORTHWEST 98 AVENUE
MIAMI, FL 33172

Mailing Address
2930 NORTHWEST 98 AVENUE
MIAMI, FL 33172



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1952940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, ALBERT M CPA
2930 NORTHWEST 98 AVENUE
MIAMI, FL 33172

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000028517
02/04/04-80030-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SILVA, ALBERT M CPA
2930 NW 98 AVE
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GARCIA, ALBERTO J
6419 NW 199 LN
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAMELA, ROSA
5025 SW 154 AVE
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Albert M. Silva CPA 1/25/04 305-436-9116