

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007977

**Entity Name:** DISLAW CONSULTING, L.L.C.

**Current Principal Place of Business:**

BOX 140850

CORAL GABLES, FL 331140850

**Current Mailing Address:**

PO BOX 140850

CORAL GABLES, FL 33134-0850

**FEI Number:** 65-1103899

**Certificate of Status Desired:** No

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

DIETZ, MATTHEW W

BOX 140850

CORAL GABLES, FL 331140850 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

Name DIETZ, MATTHEW W

Address PO BOX 140850

City-State-Zip: CORAL GABLES FL 331140850

Title MGR

Name DIETZ, DEBORAH E

Address PO BOX 140850

City-State-Zip: CORAL GABLES FL 331140850

*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:** MATTHEW DIETZ

MGRM

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date