

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073669

**Entity Name:** CONSULTATIVE MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

5660 SW 78TH ST. # A  
MIAMI, FL 33143

**Current Mailing Address:**

PO BOX 160745  
MIAMI, FL 33116

**FEI Number:** 20-1782562

**Certificate of Status Desired:** No

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

ZABIHI, KAMRAN  
5660 SW 78 ST. #A  
MIAMI, FL 33143 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 MGRN  
Name ZABIHI, KAMRAN  
Address 5660 SW 78 ST. # A  
City-State-Zip: MIAMI FL 33143

*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:** KAMRAN ZABIHI

**MANAGER**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date