

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033550

**Entity Name:** FAYE CONSULTING, LLC

**Current Principal Place of Business:**

442 NE 210TH CIR TERR  
APT 204  
MIAMI, FL 33179

**Current Mailing Address:**

442 NE 210TH CIR TERR  
APT 204  
MIAMI, FL 33179 US

**FEI Number:** 20-4642030

**Certificate of Status Desired:** No

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

MCCRAY, ALICE  
442 NE 210TH CIR TERR  
APT 204  
MIAMI, FL 33179 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 MCCRAY, ALICE  
Address 442 NE 210TH CIR TERR  
APT 204  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name PINDER, DEBORAH C  
Address 442 NE 210 CIR TERR #204  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name CAMPBELL, EBONY  
Address 442 NE 210TH CIR TERR  
APT 204  
City-State-Zip: MIAMI FL 33179

Title MANAGER  
Name MICKLES, DORTHEA N  
Address 2602 BELMONT LANE  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** ALICE F MCCRAY

**OWNER**

**03/30/2021**

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

\_\_\_\_\_  
Date