

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005866

Entity Name: HUDSON CONSULTING & MANAGEMENT, LLC**Current Principal Place of Business:**4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 US**FEI Number:** 26-1786785**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTERS, ALAN S
4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 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	MGR
Name	HUDSON ENGIE MANAGEMENT, INC.
Address	4770 BISCAYNE BLVD STE 1400
City-State-Zip:	MIAMI FL 33137

Title	PRESIDENT
Name	GALBUT, ABRAHAM A
Address	4770 BISCAYNE BLVD STE 1400
City-State-Zip:	MIAMI FL 33137

Title	VP, SECRETARY
Name	GALBUT, ERIC B
Address	4770 BISCAYNE BLVD STE 1100
City-State-Zip:	MIAMI FL 33137

Title	VP, TREASURER
Name	GALBUT, DANIEL
Address	4770 BISCAYNE BLVD STE 1400
City-State-Zip:	MIAMI FL 33137

Title	AUTHORIZED REPRESENTATIVE
Name	WALTERS, ALAN S
Address	4770 BISCAYNE BLVD SUITE 1400
City-State-Zip:	MIAMI FL 33137

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: ALAN S WALTERS**AUTHORIZED
REPRESENTATIVE****06/21/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date