

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012889

Entity Name: SLAVOFF CONSULTING, LLC

Current Principal Place of Business:

5151 COLLINS AVE #935
MIAMI BEACH, FL 33140

Current Mailing Address:

5151 COLLINS AVE #935
MIAMI BEACH, FL 33140 US

FEI Number: 20-0628072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLAVOFF, GEORGINA
5151 COLLINS AVE #935
MIAMI BEACH, FL 33140 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 SLAVOFF, GEORGINA R
Address 5151 COLLINS AVE #935
City-State-Zip: MIAMI BEACH FL 33140

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: GEORGINA SLAVOFF

PRESIDENT

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date