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.

MANAGER

SIGNATURE: MARCOS A VIDAL

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

VIDAL, MARCOS A 10921 NW 69TH ST DORAL, FL 33178 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:

Auth

Title	MGR	Title	MGRM
Name	VIDAL, MARCOS A	Name	PUJOL, JANET M
Address	10921 NW 69TH ST	Address	10921 NW 69TH ST
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

	Electronic Signature of Registered Agent			
norized Person(s) Detail :				
	MGR	Title	MGRM	
е	VIDAL, MARCOS A	Name	PUJOL, JANET M	
ess	10921 NW 69TH ST	Address	10921 NW 69TH ST	

Certificate of Status Desired: No

02/07/2019

Date

FILED Feb 07, 2019 Secretary of State 7335575047CC

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000043093

Entity Name: VIDAL & PUJOL CONSULTING GROUP LLC

Current Principal Place of Business:

10921 NW 69TH ST DORAL, FL 33178

Current Mailing Address:

10921 NW 69TH ST DORAL, FL 33178

FEI Number: 80-0424643