

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130253

**Entity Name:** DR PRIME CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

100 N. BISCAYNE BLVD, SUITE 2800  
NEW WORLD TOWER  
MIAMI, FL 33132

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC2120816752**

**Current Mailing Address:**

841 NE 207 LANE  
APT 105  
MIAMI, FL 33179 US

**FEI Number: 27-4355403**

**Certificate of Status Desired: No**

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

DAVE ROBERTS  
841 NE 207 LANE  
105  
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 DAVE ROBERTS CPA, P.A.  
Address 100 N. BISCAYNE BLVD, SUITE 2800  
NEW WORLD TOWER  
City-State-Zip: MIAMI FL 33132

*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: DAVE ROBERTS**

**MANAGER**

**01/05/2016**

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

\_\_\_\_\_  
Date