

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000007516

Entity Name: GENESIS SYSTEMS CONSULTING, LLC**Current Principal Place of Business:**255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134**Current Mailing Address:**255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 US**FEI Number:** 65-0942534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGUERREBERE, JUAN JR.
255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 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	JIMENEZ, MICHAEL C
Address	255 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	AGUERREBERE, JUAN RJR.
Address	255 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	PEREZ-ABREU, CARLOS
Address	255 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	SUEIRO, ALEXANDER
Address	255 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	TORRES, MICHAEL
Address	255 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

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: JUAN AGUERREBERE JR

MANAGER

03/02/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date