

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106010

**Entity Name:** SCAP CONSULTING LLC

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD., #502  
CORAL GABLES , FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD., #502  
CORAL GABLES , FL 33134 US

**FEI Number:** 33-1226465

**Certificate of Status Desired:** No

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

UNITED STATES REGISTERED AGENTS INC  
9300 S. DADELAND BLVD  
STE 600  
MIAMI, FL 33156 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 BERALDO, CRISTIANO  
Address 1581 BRICKELL AVENUE, UNIT 1806  
City-State-Zip: MIAMI FL 33129

*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:** CRISTIANO BERALDO

MANAGER

03/07/2018

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

\_\_\_\_\_ Date