

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000121672

**Entity Name:** APTE CONSULTANTS, LLC

**Current Principal Place of Business:**

C/O AMOL NIRGUDKAR, RELIANCE CONSULTING, L  
13940 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

**Current Mailing Address:**

C/O AMOL NIRGUDKAR, RELIANCE CONSULTING, L  
13940 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

**FEI Number:** 46-1055104

**Certificate of Status Desired:** No

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

NIRGUDKAR, AMOL  
13940 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618 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	Title	MGRM
Name	APTE, SUHAS	Name	APTE, MEGHA
Address	4201 BAYSHORE BLVD, UNIT 1602	Address	4201 BAYSHORE BLVD, UNIT 1602
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

*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:** SUHAS APTE

**MANAGING PARTNER**

**01/07/2015**

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

\_\_\_\_\_  
Date