

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046816

**Entity Name:** TIM CONSULTING LLC

**Current Principal Place of Business:**

3665 BONITA BEACH ROAD  
SUITE 1-3  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3665 BONITA BEACH RD  
SUITE 1-3  
BONITA SPRINGS, FL 34134

**FEI Number:** 80-0909081

**Certificate of Status Desired:** No

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

ALLURE ACCOUNTING INC  
3665 BONITA BEACH ROAD  
SUITE 1-3  
BONITA SPRINGS, FL 34134 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 BOBZIN, HEIKO  
Address BONITA BEACH RD., STE 1-3  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name BOBZIN, CLAUDIA  
Address BONITA BEACH RD., STE 103  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** CLAUDIA BOBZIN

MGRM

04/27/2016

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

\_\_\_\_\_  
Date