

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000167688

**Entity Name:** NPS CONSULTING LLC

**Current Principal Place of Business:**

2534 SE SANTA BARBARA PLACE  
SUITE 201  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2534 SE SANTA BARBARA PLACE  
SUITE 201  
CAPE CORAL, FL 33904 US

**FEI Number:** 46-4233913

**Certificate of Status Desired:** No

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

STEWART, NICHOLAS P  
2534 SE SANTA BARBARA PLACE  
SUITE 201  
CAPE CORAL, FL 33904 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           MANAGER  
Name           STEWART, NICHOLAS PAUL  
Address        2534 SE SANTA BARBARA PLACE  
                  SUITE 201  
City-State-Zip: CAPE CORAL FL 33904

Title           SECRETARY  
Name           STEWART, MICHAEL DIEGO  
Address        2534 SE SANTA BARBARA PLACE  
                  SUITE 201  
City-State-Zip: CAPE CORAL FL 33904

*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:** NICHOLAS STEWART

**PRESIDENT**

**01/23/2024**

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

\_\_\_\_\_  
Date