

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169141

**Entity Name:** C3 CONSULTANT SERVICES, LLC

**Current Principal Place of Business:**

778 WESTMINISTER DR  
ORANGE PARK, FL 32073

**Current Mailing Address:**

778 WESTMINISTER DR  
ORANGE PARK, FL 32073

**FEI Number:** 46-4085619

**Certificate of Status Desired:** No

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

CABRAL, CHASE A  
1409 WEST CHINA CT.  
ST. JOHNS, FL 32259 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 CABRAL, ROBERT J  
Address 778 WESTMINISTER DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title AUTHORIZED MEMBER  
Name CABRAL, CHASE A  
Address 1409 WEST CHINA CT.  
City-State-Zip: ST. JOHNS FL 32259

Title AMBR  
Name CABRAL, BRITTANY E  
Address 3226 TEA ROSE CT.  
City-State-Zip: ST. JOHNS FL 32259

Title MGR  
Name CABRAL, ROBERT J  
Address 778 WESTMINISTER DR  
City-State-Zip: ORANGE PARK FL 32073

Title AMBR  
Name CABRAL, CHASE A  
Address 1409 WEST CHINA CT.  
City-State-Zip: ST. JOHNS FL 32259

*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:** ROBERT JOSEPH CABRAL

**MANAGER**

**01/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date