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: CARL THOMAS

MANAGER

01/09/2024

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT** DOCUMENT# L14000154782

Entity Name: USVI CONSULTING LLC

## Current Principal Place of Business:

10201 COURTNEY PALMS BLVD. #202 TAMPA, FL 33619

## **Current Mailing Address:**

PO BOX 310774 TAMPA, FL 33680

## FEI Number: 47-2137640

## Name and Address of Current Registered Agent:

THOMAS, CARL E 10201 COURTNEY PALMS BLVD #202 TAMPA, FL 33619 US Certificate of Status Desired: No

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	CARL THOMAS			01/09/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	THOMAS, CARL E	Name	JACOBS, CHRISTINE		
Address	PO BOX 310774	Address	PO BOX 310774		
City-State-Zip:	TAMPA FL 33680	City-State-Zip:	TAMPA FL 33680		

FILED Jan 09, 2024 Secretary of State 6210987168CR

Date