

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000086957

**Entity Name:** M CONSULTING GROUP LLC

**Current Principal Place of Business:**

5625 NW 112 PATH  
DORAL, FL 33178

**Current Mailing Address:**

5625 NW 112 PATH  
DORAL, FL 33178 US

**FEI Number:** 30-0871742

**Certificate of Status Desired:** No

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

M CONSULTING GROUP  
5625 NW 112 PATH  
DORAL, FL 33178 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:** MARIA J MARTINEZ

03/31/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MARTINEZ, MARIA J  
Address 5625 NW 112 PATH  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MARTINEZ, ARIEL  
Address 5625 NW 112 PATH  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MARTINEZ, JUAN P  
Address 5625 NW 112 PATH  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name MARTINEZ, MARIA E  
Address 5625 NW 112 PATH  
City-State-Zip: DORAL FL 33178

*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:** MARIA J MARTINEZ

MANAGER

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date