

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000069959

Entity Name: OCM CONSULTING LLC**Current Principal Place of Business:**160 NORTHWEST 176TH STREET
SUITE 411
MIAMI GARDENS, FL 33169**Current Mailing Address:**6116 NW 20TH COURT
MARGATE, FL 33063 US**FEI Number:** 81-2106108**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORIN, EMMANUEL
6116 NW 20TH COURT
MARGATE, FL 33063 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 | AMBR | Title | AMBR |
| Name | MORIN, EMMANUEL | Name | MORIN, CAMILLE DIANE |
| Address | 6116 NW 20TH COURT | Address | 6116 NW 20TH COURT |
| City-State-Zip: | MARGATE FL 33063 | City-State-Zip: | MARGATE FL 33063 |
| | | | |
| Title | TITLE AUTHORIZED MEMBER | Title | AUTHORIZED REPRESENTATIVE |
| Name | SMITH, ERICA CHARISSE | Name | MORIN, OLIVIA ABIGAIL |
| Address | 9222 W ATLANTIC BLVD APT 1328 | Address | 6116 NW 20TH COURT |
| City-State-Zip: | CORAL SPRINGS FL 33071 | City-State-Zip: | MARGATE FL 33063 |

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: EMMANUEL MORIN**PRESIDENT****04/26/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date