

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000104839

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**7968277596CC**

**Entity Name:** F & M CONSULTANT'S OFFICE GROUP LLC

**Current Principal Place of Business:**

3641 NW 95TH TERRACE  
UNIT 1001  
SUNRISE, FL 33351

**Current Mailing Address:**

3641 NW 95TH TERRACE  
UNIT 1001  
SUNRISE, FL 33351 US

**FEI Number:** 30-0941854

**Certificate of Status Desired:** Yes

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

MORENO, LUZ L  
2700 GLADES CIRCLE  
164  
WESTON, FL 33327 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  
Name FERNANDEZ, JESUS  
Address 1848 ASPEN LANE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name DE FERNANDEZ, CLAUDETTE  
Address 1848 ASPEN LANE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name FERNANDEZ, RAFAEL  
Address 1848 ASPEN LANE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name FERNANDEZ, NATHALIE  
Address 1848 ASPEN LANE  
City-State-Zip: WESTON FL 33327

*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:** JESUS RAFAEL FERNANDEZ

SR

03/11/2019

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

\_\_\_\_\_  
Date