

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000134483

**Entity Name:** SEGA FINANCIAL CONSULTING SERVICES LLC

**Current Principal Place of Business:**

9218 SHADOW OAK LN  
NAPLES, FL 34120

**Current Mailing Address:**

9218 SHADOW OAK LN  
NAPLES, FL 34120 US

**FEI Number:** 82-2015430

**Certificate of Status Desired:** No

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

MACHADO, LUCIA P  
14561 CABLESHIRE WAY  
ORLANDO, FL 32824 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	P	Title	VP
Name	GALIAN JUNIOR, ARNALDO	Name	GALIAN, DENISE S
Address	9218 SHADOW OAK LN	Address	9218 SHADOW OAK LN
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120

*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:** ARNALDO GALIAN JUNIOR

P

04/29/2019

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

\_\_\_\_\_  
Date