

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000166496

Entity Name: AMICO CONSULTING LLC**Current Principal Place of Business:**4843 BIG OAKS LANE
ORLANDO, FL 32806**Current Mailing Address:**4843 BIG OAKS LANE
ORLANDO, FL 32806**FEI Number:** 82-2371281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMICO, PETER
4843 BIG OAKS LANE
ORLANDO, FL 32806 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	MGR	Title	AUTHORIZED MEMBER
Name	AMICO, PETER	Name	AMICO, KENDRA
Address	4843 BIG OAKS LANE	Address	4843 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	AMICO, JAYLEN	Name	AMICO, LEIGHA
Address	4843 BIG OAKS LANE	Address	4843 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	AMICO, JULIEN	Name	AMICO, KAYCI
Address	4843 BIG OAKS LANE	Address	4843 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED MEMBER		
Name	AMICO, MAGNOLIA		
Address	4843 BIG OAKS LANE		
City-State-Zip:	ORLANDO FL 32806		

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: PETER AMICO**MEMBER****01/12/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date