

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000198427

**Entity Name:** MOUNT TABOR CONSULTING, LLC

**Current Principal Place of Business:**

10010 BELLE RIVE BLVD.  
APT. #409  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

20820 RODAX ST  
WINNETKA, CA 91306 US

**FEI Number:** 82-4886931

**Certificate of Status Desired:** No

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

WASHINGTON, FREDRIC  
10010 BELLE RIVE BLVD.  
APT. #409  
JACKSONVILLE, FL 32256 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  
Name OVERS, DAVID  
Address 2221 CORPORATION PLAZA  
City-State-Zip: SMYRNA GA 30080

*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:** DAVID OVERS

**MANAGING AGENT**

**04/08/2024**

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

\_\_\_\_\_  
Date