

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000035819

**Entity Name:** TRANSVERSAL CONSULTING, LLC

**Current Principal Place of Business:**

10723 SCOTT MILL ROAD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 23711  
4411 SUNBEAM ROAD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 82-4376326

**Certificate of Status Desired:** No

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

WALD, SAMUEL J  
10723 SCOTT MILL ROAD  
JACKSONVILLE, FL 32223 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 WALD, ELLEN R  
Address 10723 SCOTT MILL ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title MGR  
Name WALD, SAMUEL J  
Address 10723 SCOTT MILL ROAD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** SAMUEL WALD

**MANAGER**

**01/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date