

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000077436

**Entity Name:** RATHID CONSULTING LLC

**Current Principal Place of Business:**

32456 WOLFS TRAIL  
SORRENTO, FL 32776

**Current Mailing Address:**

32456 WOLFS TRAIL  
SORRENTO, FL 32776

**FEI Number:** 83-3819092

**Certificate of Status Desired:** No

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

MAHONEY, DUEANE  
32456 WOLFS TRAIL  
SORRENTO, FL 32776 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	MGR
Name	MAHONEY, RAYMOND	Name	MAHONEY, DUEANE
Address	32456 WOLFS TRAIL	Address	32456 WOLFS TRAIL
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776

*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:** RAYMOND MAHONEY

10/05/2023

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

\_\_\_\_\_ Date