

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000010371

**Entity Name:** EAGLE POINT CONSULTING LLC

**Current Principal Place of Business:**

590 STAFFORDSHIRE DR. EAST  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

590 STAFFORDSHIRE DR. EAST  
JACKSONVILLE, FL 32225 US

**FEI Number:** 83-3176817

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT, LLC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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            AMBR  
Name            GILBERTSEN, MICHAEL  
Address        590 STAFFORDSHIRE DR. EAST  
City-State-Zip: JACKSONVILLE FL 32225

*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:** MICHAEL GILBERTSEN

AMBR

04/29/2020

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

\_\_\_\_\_ Date