

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000031618

Entity Name: NONPROFIT MANAGEMENT CONSULTANT SERVICES, LLC

Current Principal Place of Business:

3385 SAINT VINCENT TERRACE
LAKELAND, FL 33812

Current Mailing Address:

P.O. BOX 1179
HIGHLAND CITY, FL 33846 US

FEI Number: 83-3482970

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, DELORIS
3385 SAINT VINCENT TERRACE
LAKELAND, FL 33812 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 MGRM
Name JOHNSON, DELORIS
Address 3385 SAINT VINCENT TERRACE
City-State-Zip: LAKELAND FL 33812

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: DELORIS JOHNSON

MANAGER

03/13/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date