

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000107097

**Entity Name:** CKO CONSULTING AND TAX SERVICES LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
303  
ORLANDO, FL 32835

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
303  
ORLANDO, FL 32835 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

OLIVEIRA, KLEBER JOSE  
2985 AMBERSWEET PL  
CLERMONT, FL 34711 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 OLIVEIRA, KLEBER JOSE  
Address 2985 AMBERSWEET PL  
City-State-Zip: CLERMONT FL 34711

Title AMBR  
Name OLIVEIRA SILVA, CRISTIANE  
Address 2985 AMBERSWEET PL  
303  
City-State-Zip: CLERMONT FL 34711

*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:** KLEBER JOSE OLIVEIRA

AMBR

02/20/2024

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

\_\_\_\_\_  
Date