

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000146618

**Entity Name:** FS BUSINESS CONSULTING, LLC

**Current Principal Place of Business:**

7952 MAGNOLIA BEND CT  
KISSIMMEE, FL 34747

**Current Mailing Address:**

7952 MAGNOLIA BEND CT  
KISSIMMEE, FL 34747 US

**FEI Number: 84-2104880**

**Certificate of Status Desired: No**

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

DE OLIVEIRA MORAIS, DANIELLE COBRA  
6874 AXIS WEST CIRCLE  
UNIT 4418  
ORLANDO, FL 32821 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 AUTHORIZED MEMBER  
Name DE OLIVEIRA MORAIS, DANIELLE COBRA  
Address 6874 AXIS WEST CIRCLE UNIT 4418  
City-State-Zip: ORLANDO FL 32821

Title PRESIDENT  
Name DE OLIVEIRA, STEPHANE COBRA  
Address 6874 AXIS WEST CIRCLE UNIT 4418  
City-State-Zip: ORLANDO FL 32821

Title AUTHORIZED MEMBER  
Name LUIZ, DE SOUZA MORAIS HENRIQUE  
Address 7952 MAGNOLIA BEND CT  
City-State-Zip: KISSIMMEE FL 34747

*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: STEPHANE COBRA DE OLIVEIRA**

**PRESIDENT**

**06/30/2020**

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

\_\_\_\_\_  
Date