

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000074445

**Entity Name:** TEST IN-SIGHT CONSULTING LLC

**Current Principal Place of Business:**

6160 SW HIGHWAY 200 STE. 110-503  
OCALA, FL 34476

**Current Mailing Address:**

6160 SW HIGHWAY 200 STE. 110-503  
OCALA, FL 34476 US

**FEI Number:** 84-5124977

**Certificate of Status Desired:** No

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

SANCHEZ, INTI  
6160 SW HIGHWAY 200  
SUITE 110-503  
OCALA, FL 34476 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            SANCHEZ, INTI  
Address        6160 SW HIGHWAY 200 STE. 110-503  
City-State-Zip: Ocala FL 34476

*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:** INTI SANCHEZ

**OWNER**

**02/15/2024**

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

\_\_\_\_\_  
Date