

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000370439

**Entity Name:** CULVER FORENSIC CONSULTING, LLC

**Current Principal Place of Business:**

4600 SUMMERLIN RD.  
SUITE C-2 #518  
FORT MYERS, FL 33919

**Current Mailing Address:**

4600 SUMMERLIN RD.  
SUITE C-2 #518  
FORT MYERS, FL 33919 US

**FEI Number:** 85-4163022

**Certificate of Status Desired:** No

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

CULVER, KEEGAN  
4600 SUMMERLIN RD.  
SUITE C-2 #518  
FORT MYERS, FL 33919 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 MGR  
Name CULVER, KEEGAN  
Address 4600 SUMMERLIN RD.  
City-State-Zip: FORT MYERS FL 33919

*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:** KEEGAN CULVER

**OWNER & MANAGER**

**02/09/2024**

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

\_\_\_\_\_  
Date