

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000321996

**Entity Name:** SGN CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

415 SAINT FRANCIS STREET  
137  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

415 SAINT FRANCIS STREET  
137  
TALLAHASSEE, FL 32301 US

**FEI Number:** 87-1694333

**Certificate of Status Desired:** No

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

NADENIK, SOPHIE G  
415 SAINT FRANCIS STREET  
137  
TALLAHASSEE, FL 32301 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            AR  
Name            NADENIK, SOPHIE G  
Address        415 SAINT FRANCIS STREET, 137  
City-State-Zip: TALLAHASSEE FL 32301

Title            AMBR  
Name            NADENIK, SOPHIE  
Address        415 SAINT FRANCIS STREET, 137  
City-State-Zip: TALLAHASSEE FL 32301

*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:** SOPHIE NADENIK

AR

04/07/2024

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

\_\_\_\_\_  
Date