

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000001509

**Entity Name:** MAVERICONCONSULTING LLC

**Current Principal Place of Business:**

45 WHISPERING PINES CT  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

45 WHISPERING PINES CT  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 81-3731530

**Certificate of Status Desired:** No

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

BRADFORD NOLAN, WILLIAM  
45 WHISPERING PINES CT  
SANTA ROSA BEACH, FL 32459 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 BRADFORD NOLAN, WILLIAM  
Address 45 WHISPERING PINES CT  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** WILLIAM BRADFORD NOLAN

CEO

04/30/2025

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

\_\_\_\_\_  
Date