

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000270507

**Entity Name:** HUMAN EXPERIENCE CONSULTING, LLC

**Current Principal Place of Business:**

977 SKYE LANE  
PALM HARBOR, FL 34683

**Current Mailing Address:**

977 SKYE LANE  
PALM HARBOR, FL 34683

**FEI Number: 87-1239203**

**Certificate of Status Desired: No**

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

REYES, SHERRI  
977 SKYE LANE  
PALM HARBOR, FL 34683 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 REYES, SHERRI  
Address 977 SKYE LANE  
City-State-Zip: PALM HARBOR FL 34683

*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: SHERRI REYES**

**MANAGER**

**01/30/2023**

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

\_\_\_\_\_ Date