

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000406290

**Entity Name:** DISABILITY CONSULTANTS OF FLORIDA, LLC

**Current Principal Place of Business:**

22007 HARTLEBURY WAY  
SUN CITY, FL 33573

**Current Mailing Address:**

2207 HARTLEBURY WAY  
SUN CITY, FL 33573 US

**FEI Number: 87-2694001**

**Certificate of Status Desired: No**

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

WOSS, MEGAN  
2207 HARTLEBURY WAY  
SUN CITY, FL 33573 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 WOSS, MEGAN  
Address 2207 HARTLEBURY WAY  
City-State-Zip: SUN CITY FL 33573

*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: MEGAN WOSS**

**MANAGER**

**04/14/2023**

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

\_\_\_\_\_  
Date