

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229779

**Entity Name:** DULZAIDES CONSULTING, LLC

**Current Principal Place of Business:**

4315 W. DUNNELLON RD  
DUNNELLON, FL 34433

**Current Mailing Address:**

4315 W. DUNNELLON RD  
DUNNELLON, FL 34433

**FEI Number:** 92-0856446

**Certificate of Status Desired:** No

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

DULZAIDES, IGGI  
4315 W. DUNNELLON RD  
DUNNELLON, FL 34433 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           | MBR                  | Title           | MGR                  |
| Name            | DULZAIDES, IGGI      | Name            | DULZAIDES, IGGI      |
| Address         | 4315 W. DUNNELLON RD | Address         | 4315 W. DUNNELLON RD |
| City-State-Zip: | DUNNELLON FL 34433   | City-State-Zip: | DUNNELLON FL 34433   |

Title            AUTHORIZED REPRESENTATIVE  
Name            DULZAIDES, MICHELLE L  
Address        4315 W. DUNNELLON RD  
City-State-Zip: DUNNELLON FL 34433

*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:** IGGI DULZAIDES

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date