

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000083380

**Entity Name:** MULTI SOLUTIONS II, INC.**Current Principal Place of Business:**4400 BISCAYNE BLVD  
10TH FLOOR  
MIAMI, FL 33137**Current Mailing Address:**4400 BISCAYNE BLVD  
10TH FLOOR  
MIAMI, FL 33137 US**FEI Number:** 22-2418056**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND ST SUITE 2900  
MIAMI, FL 33131 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**Officer/Director Detail :**

Title	P/D
Name	KIRKLAND, JAMES BIII
Address	4400 BISCAYNE BLVD 10TH FLOOR
City-State-Zip:	MIAMI FL 33137

Title	ST
Name	FASANELLI, DEBORAH
Address	4000 BISCAYNE BLVD 10TH FLOOR
City-State-Zip:	MIAMI FL 33137

Title	D
Name	FROME, ROBERT L
Address	4400 BISCAYNE BLVD 10TH FLOOR
City-State-Zip:	MIAMI FL 33137

Title	D
Name	LUNDGREN, ROBERT M
Address	4400 BISCAYNE BLVD 10TH FLOOR
City-State-Zip:	MIAMI FL 33137

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES B. KIRKLAND III

PRESIDENT

01/04/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date