

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000082001

Entity Name: LINCHPIN SOLUTIONS INC.**Current Principal Place of Business:**7853 GUNN HWY
TAMPA, FL 33626**Current Mailing Address:**6175 GUARDIAN GATEWAY
SUITE L-Q
ABERDEEN, MD 21005 US**FEI Number:** 47-2057601**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PENA, EDWIN D
7853 GUNN HWY
TAMPA, FL 33626 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	CEO
Name	PENA, EDWIN D
Address	15201 OCTAVIA LANE
City-State-Zip:	ODESSA FL 33556
Title	CONTROLLER / DIRECTOR OF FINANCE
Name	SCIGALA, MARTA
Address	6175 GUARDIAN GATEWAY SUITE L-Q
City-State-Zip:	ABERDEEN MD 21005

Title	PRESIDENT
Name	FRESE, PAUL
Address	3300 WINDY RIDGE PARKWAY 1502
City-State-Zip:	ATLANTA GA 30339

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: MARTA SCIGALA**DIRECTOR OF FINANCE****03/02/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date