

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028438

**Entity Name:** ORION SOLUTIONS, LLC

**Current Principal Place of Business:**

7545 CENTURION PARKWAY  
SUITE 403  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7545 CENTURION PARKWAY  
SUITE 403  
JACKSONVILLE, FL 32256

**FEI Number:** 27-0065258

**Certificate of Status Desired:** Yes

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

HOFFMAN, RICHARD  
7545 CENTURION PARKWAY  
SUITE 403  
JACKSONVILLE, FL 32256 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:** RICHARD HOFFMAN

01/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: CEO  
Name: HOFFMAN, RICHARD  
Address: 7545 CENTURION PARKWAY, SUITE 403  
City-State-Zip: JACKSONVILLE FL 32256

Title: COO, PRESIDENT  
Name: REAMY, RYLAND P  
Address: 7545 CENTURION PARKWAY, SUITE 403  
City-State-Zip: JACKSONVILLE FL 32256

Title: VP  
Name: CARNLEY, JOHN  
Address: 7545 CENTURION PARKWAY SUITE 403  
City-State-Zip: JACKSONVILLE FL 32256

Title: MANAGER  
Name: SCHUKNECHT, ROBERT  
Address: 7545 CENTURION PARKWAY SUITE 403  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ROBERT SCHUKNECHT

MANAGER

01/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date