

2020 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

03/17/2020

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	VP
Name	CARNLEY, JOHN
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	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**OFFICE MANAGER**

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date