

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092102

**Entity Name:** 357 SOLUTIONS LLC

**Current Principal Place of Business:**

421 JENKS AVE. UNIT 1308  
PANAMA CITY, FL 32402-1308

**Current Mailing Address:**

P.O. BOX 1308  
PANAMA CITY, FL 32402 US

**FEI Number:** 20-3511811

**Certificate of Status Desired:** No

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

SLAY, SAM  
421 JENKS AVE UNIT 1308  
PANAMA CITY, FL 32402-1308 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 MGRM  
Name SLAY, SAM  
Address P.O. BOX 1308  
City-State-Zip: PANAMA CITY FL 32402

*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:** SAM SLAY

MANAGER/OWNER

03/02/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date