

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054210

**Entity Name:** KSOLVE LLC

**Current Principal Place of Business:**

1689 CHERRY RIDGE DR  
HEATHROW, FL 32746

**Current Mailing Address:**

1689 CHERRY RIDGE DR  
HEATHROW, FL 32746 US

**FEI Number:** 80-0220559

**Certificate of Status Desired:** No

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

SHARMA, MEENAKSHI  
1689 CHERRY RIDGE DR  
HEATHROW, FL 32746 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	CEO	Title	PRES
Name	SHARMA, MEENAKSHI	Name	SHARMA, NARESH
Address	1689 CHERRY BRIDGE DR	Address	1689 CHERRY RIDGE DR
City-State-Zip:	HEATHROW FL 32746	City-State-Zip:	HEATHROW FL 32746

*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:** MEENAKSHI SHARMA

CEO

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date