

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047959

**Entity Name:** CIRCLE SOLUTIONS LLC

**Current Principal Place of Business:**

7431 W ATLANTIC AVE  
44  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

7431 W ATLANTIC AVE  
44  
DELRAY BEACH, FL 33446

**FEI Number:** 27-0263048

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGR  
Name RABADIA, MURJI D  
Address 7431 W ATLANTIC AVE, STE 44  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name VEKARIA, ANJNI D  
Address 7431 W ATLANTIC AVE, STE 44  
City-State-Zip: DELRAY BEACH FL 33446

Title S  
Name RABADIA, MURJI  
Address 7431 W ATLANTIC AVE, STE 44  
City-State-Zip: DELRAY BEACH FL 33446

*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:** MURJI RABADIA

**OWNER**

**02/22/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date