

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071970

Entity Name: DYSLEXIA SOLUTIONS, LLC

Current Principal Place of Business:

6113 HIGHWOOD PARK LN
NAPLES, FL 34110

Current Mailing Address:

6113 HIGHWOOD PARK LN
NAPLES, FL 34110 US

FEI Number: 27-0628048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHILSTROM, JULIE
6113 HIGHWOOD PARK LN
NAPLES, FL 34110 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 CHILSTROM, JULIE
Address 6113 HIGHWOOD PARK LN
City-State-Zip: NAPLES FL 34110

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: JULIE A CHILSTROM

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date