

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000119378

Entity Name: FINANCIAL SOLUTION ADVISORS CPA, PLLC**Current Principal Place of Business:**4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224**Current Mailing Address:**4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224 US**FEI Number:** 46-1041593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAMBERLAIN, JOEL CLAYTON
4350 PABLO PROFESSIONAL COURT
JACKSONVILLE, FL 32224 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:** JOEL CLAYTON CHAMBERLAIN

01/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CHAMBERLAIN, JOEL C
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name LINGOR, SHELLY
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name BROHINSKY, ISAAC
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name DRUMMOND, DONALD
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name KREY, KENNETH
Address 4350 PABLO PROFESSIONAL COURT
City-State-Zip: JACKSONVILLE FL 32224

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: SHELLY LINGORCEO/MANAGING
PARTNER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date