

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093337

**Entity Name:** NEXTECH SOLUTIONS LLC

**Current Principal Place of Business:**

6701 S DALE MABRY HWY  
TAMPA, FL 33611-5109

**Current Mailing Address:**

100 CHURCH ST SW  
SUITE 300  
HUNTSVILLE, AL 35801 US

**FEI Number:** 46-3073199

**Certificate of Status Desired:** Yes

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

COGENCY GLOBAL INC.  
115 N. CALHOUN ST. SUITE 4  
TALLAHASSEE, FL 32301 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 BINEYPAL S DHILLON  
Address 6701 S DALE MABRY HWY  
City-State-Zip: TAMPA FL 33611-5109

Title MGR  
Name HORN, DOUG  
Address 22 ST CLAIR AVENUE EAST  
SUITE 1700  
City-State-Zip: TORONTO ONTARIO M4T-2S3

Title COO  
Name SULLIVAN, CODY  
Address 100 CHURCH ST SW  
SUITE 300  
City-State-Zip: HUNTSVILLE AL 35801

Title CEO  
Name PAULL, JOSEPH  
Address 100 CHURCH ST SW  
SUITE 300  
City-State-Zip: HUNTSVILLE AL 35801

Title CFO  
Name PERKINS, JAMES  
Address 100 CHURCH ST SW  
SUITE 300  
City-State-Zip: HUNTSVILLE AL 35801

*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:** CODY SULLIVAN

COO

04/22/2024

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

\_\_\_\_\_  
Date