

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131733

**Entity Name:** FACILITIES SOLUTIONS, LLC

**Current Principal Place of Business:**

36750 US HWY 19 N  
3384  
PALM HARBOR, FL 34684

**Current Mailing Address:**

36750 US HWY 19 N  
3384  
PALM HARBOR, FL 34684 US

**FEI Number:** 32-0419877

**Certificate of Status Desired:** No

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

ACKLEY, JESSE M  
36750 US HWY 19 N  
3384  
PALM HARBOR, FL 34684 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:** JESSE M ACKLEY

01/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ACKLEY, JESSE M  
Address        36750 US HWY 19 N  
                  3884  
City-State-Zip: PALM HARBOR FL 34684

*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:** JESSE ACKLEY

AMBR

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date