

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000138542

**Entity Name:** FA SOLUTIONS, LLC

**Current Principal Place of Business:**

600 1ST AVE N., SUITE 302  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

600 1ST AVE N., SUITE 302  
ST PETERSBURG, FL 33701 US

**FEI Number:** 46-3797003

**Certificate of Status Desired:** No

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

JOEL SCHMITZ CPA  
2436 CENTRAL AVE  
ST PETERSBURG, FL 33712 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 SCHMITZ

02/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name WRIGHT, ROBERT W  
Address 600 1ST AVE NORTH STE 302  
City-State-Zip: ST PETERSBURG FL 33701

Title AUTHORIZED MEMBER  
Name WRIGHT, ROBERT W  
Address 600 1ST AVE N., SUITE 302  
City-State-Zip: ST PETERSBURG FL 33701

Title MANAGER  
Name WRIGHT, BRENDA L  
Address 600 1ST AVE N., SUITE 302  
City-State-Zip: ST PETERSBURG FL 33701

Title AUTHORIZED MEMBER  
Name WRIGHT, BRENDA L  
Address 600 1ST AVE N., SUITE 302  
City-State-Zip: ST PETERSBURG FL 33701

*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:** WRIGHT , ROBERT W

MANAGER

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date