

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000151411

**Entity Name:** NDE SOLUTIONS, LLC

**Current Principal Place of Business:**

1220 LAKE MILLS RD  
CHULUOTA, FL 32766

**Current Mailing Address:**

PO BOX 623432  
OVIEDO, FL 32762

**FEI Number:** 51-0629660

**Certificate of Status Desired:** Yes

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

BAILEY, KEVIN P  
1220 LAKE MILLS RD  
CHULUOTA, FL 32766 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	Title	AMBR
Name	BAILEY, KEVIN P	Name	BAILEY, CATHY J
Address	1220 LAKE MILLS RD	Address	1220 LAKE MILLS RD
City-State-Zip:	CHULUOTA FL 32766	City-State-Zip:	CHULUOTA FL 32766

*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:** KEVIN BAILEY

**MANAGER**

**01/24/2018**

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

\_\_\_\_\_  
Date