

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000134683

**Entity Name:** 3T SOLUTIONS CONSULTING LLC

**Current Principal Place of Business:**

13194 US HWY 301 S.  
STE 316  
RIVERVIEW, FL 33578

**Current Mailing Address:**

13194 US HWY 301 S.  
STE 316  
RIVERVIEW, FL 33578 US

**FEI Number:** 47-4684513

**Certificate of Status Desired:** Yes

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

AMAO, OLUFEMI J  
13447 GRAHAM YARDEN DR  
RIVERVIEW, FL 33579 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 AMBR  
Name AMAO, OLUFEMI J  
Address 13447 GRAHAM YARDEN DR  
City-State-Zip: RIVERVIEW FL 33579

Title AMBR  
Name DONKOR, KOJO  
Address 16527 CYPRESS THICKET  
City-State-Zip: CYPRESS TX 77429

Title VP  
Name ABIODUN, ADEDAYO  
Address 4256 CENTRAL SARASOTA PARKWAY  
APT# 324  
City-State-Zip: SARASOTA FL 34238

Title VP  
Name CARDONA, LUIS  
Address 3031 JULES VERNE CT  
City-State-Zip: LAND O LAKES FL 34639

Title VP  
Name OSUNDAHUNSI, ADEBOLA  
Address 17211 ASTRACHAN ROAD  
City-State-Zip: RICHMOND TX 77407

*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:** OLUFEMI JOEL AMAO

CTO

04/24/2018

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

\_\_\_\_\_  
Date