

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000065744

**Entity Name:** 904 BUSINESS SOLUTIONS LLC

**Current Principal Place of Business:**

1010 EAST ADAMS STREET,  
STE 220  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1010 EAST ADAMS STREET,  
STE 220  
JACKSONVILLE, FL 32202 US

**FEI Number:** 81-2107275

**Certificate of Status Desired:** Yes

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

MATTHEWS, NICKISHA N  
1010 EAST ADAMS STREET,  
STE 220  
JACKSONVILLE, FL 32202 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 CEO, COO, PRESIDENT, CHAIRMAN,  
MANAGER  
Name MATTHEWS, NICKISHA N  
Address 1010 EAST ADAMS STREET,  
STE 220  
City-State-Zip: JACKSONVILLE FL 32202

Title AP  
Name COLLINS, TANZENISHA C  
Address 1010 EAST ADAMS STREET,  
STE 220  
City-State-Zip: JACKSONVILLE FL 32202

Title AP  
Name COLLINS, JAMISHA A  
Address 1010 EAST ADAMS STREET,  
STE 220  
City-State-Zip: JACKSONVILLE FL 32202

*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:** NICKISHA MATTHEWS

COO

06/07/2020

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

\_\_\_\_\_  
Date