

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000097807

Entity Name: TG6 SOLUTIONS LLC

Current Principal Place of Business:

3901 W BROWARD BLVD
120505
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3901 W BROWARD BLVD
120505
FORT LAUDERDALE, FL 33312 US

FEI Number: 82-5258184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, TAVARIS R
6615 WINDMILL WAY
GREENACRES, FL 33413 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	MGR
Name	WARREN, TAVARIS	Name	COACHMAN, CORNELIUS JR.
Address	6615 WINDMILL WAY	Address	2355 CENTERVILLE ROAD UNIT 13024
City-State-Zip:	GREENACRES FL 33413	City-State-Zip:	TALLAHASSEE FL 32308
Title	MANAGER	Title	MANAGER
Name	ASE, DAMION	Name	PRASPER, CHALI
Address	3901 W BROWARD BLVD 120505	Address	3901 W BROWARD BLVD 120505
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312
Title	MANAGER	Title	MANAGER
Name	BEASLEY, RICKEY	Name	THOMAS, BETHANI
Address	3078 CLAIRMONT RD NE APT. 438	Address	169 WELLINGTON STREET SW
City-State-Zip:	BROOKHAVEN GA 30329	City-State-Zip:	ATLANTA GA 30314

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: DAMION ASE

MANAGER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date