

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000118296

Entity Name: D R SOLUTIONS GROUP LLC**Current Principal Place of Business:**2645 EXECUTIVE PARK DRIVE
SUITE 685
WESTON, FL 33331**Current Mailing Address:**2645 EXECUTIVE PARK DRIVE
SUITE 685
WESTON, FL 33331 US**FEI Number:** 83-0581184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REECE, LUCIS JR
2645 EXECUTIVE PARK DRIVE
SUITE 685
WESTON, FL 33331 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
Name	REECE, LUCIS REECE JR
Address	2645 EXECUTIVE PARK DRIVE SUITE 685
City-State-Zip:	WESTON FL 33331

Title	AUTHORIZED MEMBER
Name	REECE, TYLER LUCIS
Address	2645 EXECUTIVE PARK DRIVE SUITE 685
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR
Name	MADISON, TATIANA
Address	2645 EXECUTIVE PARK DRIVE SUITE 685
City-State-Zip:	WESTON FL 33331

Title	VP
Name	DILLARD, ANDRE
Address	2645 EXECUTIVE PARK DRIVE SUITE 685
City-State-Zip:	WESTON FL 33331

Title	PRESIDENT
Name	WILLIAMS, BOBBY
Address	2645 EXECUTIVE PARK DRIVE SUITE 685
City-State-Zip:	WESTON FL 33331

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: LUCIS REECE JR**MANAGER****03/17/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date