## 2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000014537

Entity Name: 24/7 RETAIL SOLUTIONS LLC

**Current Principal Place of Business:** 

20994 THIRD AVE DUNNELLON, FL 34431 May 08, 2020 Secretary of State 5348402621CC

**FILED** 

## **Current Mailing Address:**

20994 THIRD AVE

DUNNELLON, FL 34431 US

FEI Number: 83-3354008 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORCINO, ANGEL L 1530 BROKEN OAK DRIVE WINTER GARDEN, FL 34787 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 PRESIDENT Title VP

NameMALDONADO, PAULNameRAMOS, JARVISAddress7737 SILOEWOOD DRAddressHC 10 BOX 8255

307 CALLE13

**SECRETARY** 

City-State-Zip: LEESBURG FL 34748

City-State-Zip: LAJAS 00637

Title TREASURER

 Name
 CORCINO, ANGEL LUIS
 Name
 PORTALATIN , MARIOLI

 Address
 1530 BROKEN OAK DR
 Address
 4968 SOLIMARTIN DR

 City-State-Zip:
 WINTER GARDEN FL 34787
 City-State Zip: ORIANDO FL 23827

y-State-Zip: WINTER GARDEN FE 34767 City-State-Zip: ORLANDO FL 32837

 Title
 AUTHORIZED MEMBER
 Title
 AUTHORIZED MEMBER

 Name
 CORCINO, JULIO ANGEL
 Name
 VILLALBA , NILDA

Address 4968 SOLIMARTIN DR Address 1530 BROKEN OAK DR

City-State-Zip: ORLANDO FL 32837 City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name MALDONADO-FIGUEROA, JONATHAN Name FIGUEROA - VILLALOBOS, JOSE LUIS

Title

Address 8330 N CREEK WAY Address 20994 3RD AVE

City-State-Zip: CITRUS SPRING FL 34434 City-State-Zip: DUNNELLON FL 34431

Continues on page 2

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: PAUL MALDONADO FIGUEROA

**PRESIDENT** 

05/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

TitleAUTHORIZED MEMBERTitleAUTHORIZED MEMBERNameMALDONADO FIGUEROA, CHRISTIANNameARROYO, GABRIELAddress20994 3RD AVEAddress448 MCKENZI AVE

City-State-Zip: DUNNELLON FL 34431 City-State-Zip: STOCBRIDGE GA 30281