
SIGNATURE:

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.

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCL	MENT# L19000014537	

Entity Name: 24/7 RETAIL SOLUTIONS LLC

Current Principal Place of Business:

20994 THIRD AVE DUNNELLON, FL 34431

Current Mailing Address:

20994 THIRD AVE DUNNELLON, FL 34431 US

FEI Number: 83-3354008

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORCINO, ANGEL L 1530 BROKEN OAK DRIVE WINTER GARDEN, FL 34787 US

Authorized Person(s) Detail :								
Title	PRESIDENT	Title	VP					
Name	MALDONADO, PAUL	Name	RAMOS, JARVIS					
Address	7737 SILOEWOOD DR	Address	HC 10 BOX 8255 307 CALLE13					
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:						
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	TREASURER CORCINO, ANGEL LUIS 1530 BROKEN OAK DR WINTER GARDEN FL 34787 AUTHORIZED MEMBER CORCINO, JULIO ANGEL 4968 SOLIMARTIN DR ORLANDO FL 32837	Title Name Address City-State-Zip: Title Name Address City-State-Zip:	AUTHORIZED MEMBER VILLALBA , NILDA 1530 BROKEN OAK DR					
Title Name Address City-State-Zip:	AUTHORIZED MEMBER MALDONADO-FIGUEROA, JONATHAN 8330 N CREEK WAY CITRUS SPRING FL 34434	Title Name Address City-State-Zip:	AUTHORIZED MEMBER FIGUEROA - VILLALOBOS, JOSE LUIS 20994 3RD AVE DUNNELLON FL 34431					

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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

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 08, 2020 Secretary of State 5348402621CC

Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MALDONADO FIGUEROA, CHRISTIAN	Name	ARROYO, GABRIEL
Address	20994 3RD AVE	Address	448 MCKENZI AVE
City-State-Zip:	DUNNELLON FL 34431	City-State-Zip:	STOCBRIDGE GA 30281