# 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: KARL SJOWALL

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

04/29/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L20000066242

Entity Name: NEWSOUTH SOLUTIONS LLC

### **Current Principal Place of Business:**

11347 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654

## **Current Mailing Address:**

11347 OYSTER BAY CIRCLE NEW PORT RICHEY. FL 34654 US

### FEI Number: 84-4972966

# Name and Address of Current Registered Agent:

SJOWALL, KARL 11347 OYSTER BAY CIRCLE NEW PORT RICHEY, FL 34654 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

## Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	SJOWALL, KARL	Name	URSINY , MONICA
Address	11347 OYSTER BAY CIRCLE	Address	11347 OYSTER BAY CIRCLE
City-State-Zip:	NEW PORT RICHEY FL 34654	City-State-Zip:	NEW PORT RICHEY FL 34654

FILED Apr 29, 2024 Secretary of State 9401144587CC

Date

Certificate of Status Desired: No

Date