

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000138248

**Entity Name:** F.S.T. SOLUTIONS LLC

**Current Principal Place of Business:**

5500 HAWKES BLUFF AVE  
DAVIE, FL 33331

**Current Mailing Address:**

5500 HAWKES BLUFF AVE  
DAVIE, FL 33331 US

**FEI Number:** 85-1271564

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINO, TATIANA  
5500 HAWKES BLUFF AVE  
DAVIE, 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	Title	MGR
Name	ARIAS, FRANCISCO	Name	PINO, TATIANA
Address	5500 HAWKES BLUFF AVE	Address	5500 HAWKES BLUFF AVE
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE 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:** TATIANA PINO

**MANAGER**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date