

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000143207

**Entity Name:** CCS SOLUTIONS PRO LLC

**Current Principal Place of Business:**

970 N. SPRING GARDEN AVE  
414  
DELAND, FL 32720

**Current Mailing Address:**

970 N. SPRING GARDEN AVE  
414  
DELAND, FL 32720 US

**FEI Number:** 85-1282200

**Certificate of Status Desired:** Yes

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

QUALITY BUSINESS SOLUTIONS LLC  
1229 PROVIDENCE BLVD  
J  
DELTONA, FL 32725 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 MGRM  
Name FERNANDES, ELDER  
Address 970 N. SPRING GARDEN AVE  
414  
City-State-Zip: DELAND FL 32720

*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:** ELDER FERNANDES

**OWNER/MANAGER**

**02/12/2025**

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

\_\_\_\_\_  
Date