

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000017974

**Entity Name:** SOLSTICE FINANCIAL SOLUTIONS LLC

**Current Principal Place of Business:**

2443 LISMORE LN  
IRVING, TX 75063

**Current Mailing Address:**

2443 LISMORE LN  
IRVING, TX 75063 US

**FEI Number: 86-1642609**

**Certificate of Status Desired:** No

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

STRATE, SUMMER D  
3039 113TH RD  
LIVE OAK, FL 32060 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:** SUMMER STRATE

04/09/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STRATE, SUMMER D  
Address 2443 LISMORE LN  
City-State-Zip: IRVING TX 75063

*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:** SUMMER STRATE

OWNER

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date