## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000040854

**Entity Name: CRISPIN SOLUTIONS LLC** 

**Current Principal Place of Business:** 

1017 WOODCREST AVE SAFETY HARBOR, FL 34695

**Current Mailing Address:** 

1017 WOODCREST AVE

SAFETY HARBOR, FL 34695 US

FEI Number: 86-2080781 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 01, 2023

**Secretary of State** 

7932735491CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name JOHNSON, PATRICIA Address 1017 WOODCREST AVE

City-State-Zip: SAFETY HARBOR FL 34695

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.

MRS.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: PATRICIA JOHNSON

03/01/2023

Date