

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000076312

**FILED**  
**Jan 03, 2022**  
**Secretary of State**  
**2934557084CC**

**Entity Name:** 10XTEN SOLUTIONS LLC

**Current Principal Place of Business:**

10XTEN SOLUTIONS LLC  
2200 NW CORPORATE BLVD STE 407 #180  
BOCA RATON, FL 33431

**Current Mailing Address:**

10XTEN SOLUTIONS LLC  
2200 NW CORPORATE BLVD STE 407 #180  
BOCA RATON, FL 33431 US

**FEI Number:** 86-2537975

**Certificate of Status Desired:** Yes

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

HANSBOROUGH, OMAR  
10XTEN SOLUTIONS LLC  
2200 NW CORPORATE BLVD STE 407 #180  
BOCA RATON, FL 33431 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	CEO	Title	PRESIDENT
Name	HANSBOROUGH, OMAR	Name	HANSBOROUGH, SHANNA
Address	10XTEN SOLUTIONS LLC 2200 NW CORPORATE BLVD STE 407 #180	Address	10XTEN SOLUTIONS LLC 2200 NW CORPORATE BLVD STE 407 #180
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

*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:** OMAR HANSBOROUGH

**CEO**

**01/03/2022**

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

\_\_\_\_\_  
Date