

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000093224

**Entity Name:** ABH SOLUTIONS LLC

**Current Principal Place of Business:**

3050 NE 55TH AVE  
#743  
SILVER SPRINGS, FL 34488

**Current Mailing Address:**

4 NE 69TH CT  
OCALA, FL 34470 US

**FEI Number:** 86-3946891

**Certificate of Status Desired:** No

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

COTTRILL, ALICJA  
4 NE 69TH CT  
OCALA, FL 34470 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	AP
Name	COTTRILL, ALICJA	Name	COTTRILL, ALEXANDRA N
Address	4 NE 69TH CT	Address	4 NE 69TH CT
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470

*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:** ALICJA COTTRILL

**MGR**

**02/27/2024**

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

\_\_\_\_\_  
Date