

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000110777

**Entity Name:** CS IT SOLUTIONS LLC

**Current Principal Place of Business:**

6802 WILCOW DR  
L307  
ORLANDO, FL 32821

**Current Mailing Address:**

6802 WILCOW DR  
L307  
ORLANDO, FL 32821 US

**FEI Number:** 88-1309168

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 AMBR  
Name SILVA, CRISTIAN  
Address 6802 WILCOW DR  
L307  
City-State-Zip: ORLANDO FL 32821

Title AMBR  
Name SILVA, BRITTANY  
Address 117 SUNNY DAY WAY  
City-State-Zip: DAVENPORT FL 33897

*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:** CRISTIAN SILVA

AMBR

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date