

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000235680

**Entity Name:** SENSATIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

916 BORDEAUX PL  
ORLANDO, FL 32808

**Current Mailing Address:**

916 BORDEAUX PL  
ORLANDO, FL 32808 US

**FEI Number: 88-2608362**

**Certificate of Status Desired: Yes**

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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	AUTHORIZED MEMBER
Name	WHALEY, SHANIEQUA	Name	CHURCHILL, ANGEL
Address	916 BORDEAUX PL	Address	916 BORDEAUX PL
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808

*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: SHANIEQUA WHALEY**

**MGR**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date