

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000342686

Entity Name: FLORIDA INTEGRAL SOLUTIONS LLC

Current Principal Place of Business:

4358 CREEKSIDE BLVD
KISSIMMEE, FL 34746

Current Mailing Address:

4358 CREEKSIDE BLVD
KISSIMMEE, FL 34746 US

FEI Number: 88-3727559

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LIBERATORE, HECTOR L
4358 CREEKSIDE BLVD
KISSIMMEE, FL 34746 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	AMBR
Name	LIBERATORE, HECTOR L	Name	ORELLANA, MARCELA
Address	4358 CREEKSIDE BLVD	Address	4358 CREEKSIDE BLVD
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746

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: HECTOR L LIBERATORE

MGR

04/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date