

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000465477

**Entity Name:** FLYING WEDGE SOLUTIONS LLC

**Current Principal Place of Business:**

4792 NW 120 DR  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

4792 NW 120 DR  
CORAL SPRINGS, FL 33076 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DEVALARAJU, GOPALA  
4792 NW 120 DR  
CORAL SPRINGS, FL 33076 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  
Name DEVALARAJU, GOPALA  
Address 4792 NW 120 DR  
City-State-Zip: CORAL SPRINGS FL 33076

Title AR  
Name DEVALARAJU, MURTHY  
Address 4909 STONEHAVEN LANE  
City-State-Zip: DUBLIN CA 94568

Title AR  
Name DEVALARAJU, NARASIMHAM  
Address 4792 NW 120TH DR  
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR  
Name THERIYUR NAGARAJAN, SUHAS T  
Address 11-8-5 FORT  
City-State-Zip: HINDUPUR AP 51520-1

*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:** GOPALA DEVALARAJU

**OFFICER**

**04/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date