

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000488166

**Entity Name:** SMAD SOLUTION LLC

**Current Principal Place of Business:**

1233 LANE AVE S  
SUITE 21  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1591 LANE AVENUE S  
APT G53  
JACKSONVILLE, FL 32210 US

**FEI Number:** 92-1093175

**Certificate of Status Desired:** Yes

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

ESTEVEZ, SASHA  
1591 LANE AVENUE S  
APT G53  
JACKSONVILLE, FL 32210 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 ESTEVEZ, SASHA  
Address 1591 LANE AVENUE S  
City-State-Zip: JACKSONVILLE FL 32210

*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:** SASHA ESTEVEZ

**OWNER**

**04/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date