### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000416477

**Entity Name: OPERATIONAL TRAINING SOLUTIONS LLC** 

FILED
Apr 07, 2024
Secretary of State
1882859095CC

# **Current Principal Place of Business:**

601 N 12TH ST. APT. 1119 TAMPA, FL 33602

# **Current Mailing Address:**

601 N 12TH ST. APT. 1119 TAMPA, FL 33602 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

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

SHAUGHNESSY, KYLE 601 N 12TH ST. APT. 1119 TAMPA, FL 33602 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: KYLE SHAUGHNESSY 04/07/2024

Electronic Signature of Registered Agent Date

#### Authorized Person(s) Detail:

Title AMBR

Name SHAUGHNESSY, KYLE

Address 601 N 12TH ST.

APT. 1119

SIGNATURE: KYLE SHAUGHNESSY

City-State-Zip: TAMPA FL 33602

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.

**AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/07/2024

Date