## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003754

Entity Name: CORRECT SOLUTIONS GROUP, LLC

**Current Principal Place of Business:** 

182 BASTILLE LANE RUSTON, LA 71270

**Current Mailing Address:** 

**182 BASTILLE LANE** RUSTON, LA 71270 US

FEI Number: 45-4531954 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Jan 02, 2019

**Secretary of State** 

CC3139363597

Authorized Person(s) Detail:

Title MANAGING MEMBER Title **MEMBER** 

TEMPLE, PATRICK Name MCCONNELL, WILLIAM K Name

192 BASTILLE LANE, SUITE 200 Address 182 BASTILLE LANE Address

City-State-Zip: RUSTON LA 71270 RUSTON LA 71270 City-State-Zip:

Title **MEMBER** Title **MEMBER** 

Name MCCONNELL, CLAY K Name TEMPLE, PATRICK M Address 182 BASTILLE LANE Address 182 BASTILLE LANE RUSTON LA 71270 City-State-Zip: RUSTON LA 71270 City-State-Zip:

Title **MEMBER** 

Name HORVATH, RYAN V 182 BASTILLE LANE Address City-State-Zip: RUSTON LA 71270

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: RYAN V HORVATH

Electronic Signature of Signing Authorized Person(s) Detail

**MEMBER** 

01/02/2019

Date