# 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000002331

Entity Name: NAKUURUQ SOLUTIONS, LLC

### **Current Principal Place of Business:**

13873 PARK CENTER ROAD SUITE 400N HERNDON, VA 20171

## **Current Mailing Address:**

13873 PARK CENTER ROAD SUITE 400N HERNDON, VA 20171 US

### FEI Number: 90-0127304

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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

### Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	MITCHELL, LAURA	Name	CYRUS, ELY
Address	13873 PARK CENTER ROAD SUITE 400N	Address	13873 PARK CENTER ROAD SUITE 400N
City-State-Zip:	HERNDON VA 20171	City-State-Zip:	HERNDON VA 20171
Title	MANAGER	Title	MANAGER
Name	SHELDON, DONALD G.	Name	JONES, GLADYS
Address	13873 PARK CENTER ROAD SUITE 400N	Address	13873 PARK CENTER ROAD SUITE 400N
City-State-Zip:	HERNDON VA 20171	City-State-Zip:	HERNDON VA 20171
Title	ASSISTANT TREASURER		
Name	MECHNER, LARRY		
Address	13873 PARK CENTER ROAD SUITE 400N		
City-State-Zip:	HERNDON VA 20171		

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: LARRY MECHNER

ASSISTANT TREASURER 04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 12, 2018 Secretary of State CC7983690629

Certificate of Status Desired: No