

**2019 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           JENKINS, CHRISTOPHER  
Address       13873 PARK CENTER ROAD  
                  SUITE 400N  
City-State-Zip: HERNDON VA 20171

Title           MANAGER  
Name           MITCHELL, LAURA  
Address       13873 PARK CENTER ROAD  
                  SUITE 400N  
City-State-Zip: HERNDON VA 20171

Title           MANAGER  
Name           MONET, WILLIAM  
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:** LAURA MITCHELL

**MANAGER**

**03/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date