

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000078899

**Entity Name:** FLORENCE IT SOLUTIONS ,INC

**Current Principal Place of Business:**

19315 KING PALM CT  
BOCA RATON, FL 33498

**Current Mailing Address:**

19315 KING PALM CT  
BOCA RATON, FL 33498 US

**FEI Number:** 92-0668930

**Certificate of Status Desired:** No

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

VADYALA, VASUDEVA  
19315 KING PALM CT  
BACA RATON, FL 33498 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

**Officer/Director Detail :**

Title DIR  
Name VADYALA, SHILPA  
Address 19315 KING PALM CT  
City-State-Zip: BOCA RATON FL 33498

Title P  
Name VADYALA, SHILPA  
Address 19315 KING PALM CT  
City-State-Zip: BOCA RATON FL 33498

Title TRE  
Name VADYALA, SHILPA  
Address 19315 KING PALM CT  
City-State-Zip: BOCA RATON FL 33498

Title SEC  
Name VADYALA, SHILPA  
Address 19315 KING PALM CT  
City-State-Zip: BOCA RATON FL 33498

Title VP  
Name VADYALA, SHILPA  
Address 19315 KING PALM CT  
City-State-Zip: BOCA RATON FL 33498

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHILPA VADYALA

**PRESIDENT**

**01/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date