

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021080

Entity Name: HYDRO SOLUTIONS CONSULTING LLC**Current Principal Place of Business:**8401 ARLINGTON BLVD.
FAIRFAX, VA 22031**Current Mailing Address:**8401 ARLINGTON BLVD.
FAIRFAX, VA 22031 US**FEI Number:** 20-8576685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** ROBERTO R BELTRAN JR.

04/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DEWBERRY, BARRY K
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title MGR
Name STONE, DONALD E JR
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title PRESIDENT
Name CONNER, DARREN R.
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title VP
Name STONE, DONALD E. JR.
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title VP
Name PLEASANT, DAN M.
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title VP
Name MAXWELL, DAVID S.
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title VP
Name WILSON, CLIFFORD
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

Title TREASURER
Name CHEN, CYNTHIA
Address 8401 ARLINGTON BLVD.
City-State-Zip: FAIRFAX VA 22031

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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: DARREN R. CONNER**AUTHORIZED SIGNER**

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	SECRETARY
Name	THOMAS, CRAIG N.
Address	8401 ARLINGTON BLVD.
City-State-Zip:	FAIRFAX VA 22031