

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021080

Entity Name: HYDRO SOLUTIONS CONSULTING LLC**Current Principal Place of Business:**202 LAKE MIRIAM DRIVE
LAKELAND, FL 33813**Current Mailing Address:**202 LAKE MIRIAM DRIVE
LAKELAND, FL 33813 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.

01/16/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MANAGER, VP
Name WILSON III, CLIFFORD
Address 8401 ARLINGTON BOULEVARD
City-State-Zip: FAIRFAX VA 22031

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

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

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

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

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

MANAGER

01/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date