2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2023
Secretary of State
7378700542CC

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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. 04/26/2023

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

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

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

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

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

Title	VP, MANAGER
Name	WILSON, CLIFFORD III
Address	8401 ARLINGTON BLVD.
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 04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date