2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2020
Secretary of State
2725730937CC

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Entity Name: POLI SOLUTIONS CONSULTING, LLC

Current Principal Place of Business:

C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
SAINT PETERSBURG, FL 33702

Current Mailing Address:

P.O. BOX 55745
ST PETERSBURG, FL 33732

FEI Number: 26-3956711

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANSEN, NICHOLAS M
C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
SAINT PETERSBURG, FL 33702 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	Title	MANAGER
Name	HANSEN, RILEY M	Name	CAPPELLI, LAURA F
Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200	Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200
City-State-Zip:	SAINT PETERSBURG FL 33702	City-State-Zip:	SAINT PETERSBURG FL 33702
Title	CEO & MEMBER	Title	CFO & MEMBER
Name	HANSEN, NICHOLAS M	Name	CAPPELLI, ANGELO
Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200	Address	C/O EXECUTIVE CENTER SUITES 9800 - 4TH ST N, STE 200
City-State-Zip:	SAINT PETERSBURG FL 33702	City-State-Zip:	SAINT PETERSBURG FL 33702

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: ANGELO CAPPELLI CFO 06/24/2020

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