

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000001224

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
Name: HANSEN, RILEY M
Address: C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
City-State-Zip: SAINT PETERSBURG FL 33702

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

Title: MANAGER
Name: CAPPELLI, LAURA F
Address: C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
City-State-Zip: SAINT PETERSBURG FL 33702

Title: CFO & MEMBER
Name: CAPPELLI, ANGELO
Address: C/O EXECUTIVE CENTER SUITES
9800 - 4TH ST N, STE 200
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: LAURA CAPPELLI

MANAGER

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date