2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT
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DOCUMENT# L13000138542

Entity Name: FA SOLUTIONS, LLC

#### **Current Principal Place of Business:**

600 1ST AVE N., SUITE 302 ST PETERSBURG, FL 33701

## **Current Mailing Address:**

600 1ST AVE N., SUITE 302 ST PETERSBURG, FL 33701 US

## FEI Number: 46-3797003

#### Name and Address of Current Registered Agent:

JOEL SCHMITZ CPA 2608 CENTRAL AVE ST PETERSBURG, FL 33712 US Certificate of Status Desired: No

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	: JOEL SCHMITZ			03/12/2015	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	AUTHORIZED MEMBER		
Name	WRIGHT, ROBERT W	Name	WRIGHT, ROBERT W		
Address	600 1ST AVE NORTH STE 302	Address	600 1ST AVE N., SUITE 302		
City-State-Zip:	ST PETERSBURG FL 33701	City-State-Zip:	ST PETERSBURG FL 33701		
Title	MANAGER	Title	AUTHORIZED MEMBER		
Name	WRIGHT, BRENDA L	Name	WRIGHT, BRENDA L		
Address	600 1ST AVE N., SUITE 302	Address	600 1ST AVE N., SUITE 302		
City-State-Zip:	ST PETERSBURG FL 33701	City-State-Zip:	ST PETERSBURG FL 33701		

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: ROBERT WRIGHT

MANAGER

03/12/2015

Date

# FILED Mar 12, 2015 Secretary of State CC0538023642

Electronic Signature of Signing Authorized Person(s) Detail