

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090576

**Entity Name:** NASOLVA, LLC

**Current Principal Place of Business:**

8500 W FLAGLER ST  
STE B-209  
MIAMI, FL 33144

**FILED**  
**Feb 23, 2022**  
**Secretary of State**  
**8605480365CC**

**Current Mailing Address:**

8500 W FLAGLER ST  
STE B-209  
MIAMI, FL 33144 US

**FEI Number:** 30-0834472

**Certificate of Status Desired:** No

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

NEGOCIOS EN USA  
201 S. BISCAYNE BLVD., STE 905  
905  
MIAMI, FL 33131 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 MGR  
Name SOLIS, EDUARDO  
Address 8500 W FLAGLER ST  
STE B-209  
City-State-Zip: MIAMI FL 33144

Title MGR  
Name SOLIS, NATALIA  
Address 8500 W FLAGLER ST  
STE B-209  
City-State-Zip: MIAMI FL 33144

Title MGR  
Name SOLIS, VALENTINA  
Address 8500 W FLAGLER ST  
STE B-209  
City-State-Zip: MIAMI FL 33144

*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:** EDUARDO SOLIS

**MGR**

**02/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date