

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000169270

**Entity Name:** ROSTAN SOLUTIONS, LLC**Current Principal Place of Business:**3204 FOX SQUIRREL LANE  
VALRICO, FL 33596**Current Mailing Address:**3433 LITHIA PINECREST RD STE 287  
VALRICO, FL 33596**FEI Number:** 20-5425053**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	AUTHORIZED MEMBER, MANAGER, PRESIDENT
Name	STANKUNAS, DARIUS J
Address	400 64TH AVE 1102 WEST
City-State-Zip:	ST PETE BEACH FL 33706

Title	AUTHORIZED MEMBER, VP
Name	ROSANIA, SAM
Address	3204 FOX SQUIRREL LANE
City-State-Zip:	VALRICO FL 33596

Title	DIRECTOR, VP, MANAGER
Name	STANKUNAS, JOHN
Address	400 64TH AVE 1102 WEST
City-State-Zip:	ST PETE BEACH FL 33706

*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:** DARIUS J STANKUNAS

MEMBER

02/08/2016

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