

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179036

**Entity Name:** FBT SOLUTIONS LLC**Current Principal Place of Business:**1551 FORUM PL SUITE 500D  
WEST PALM BEACH, FL 33401**Current Mailing Address:**1551 FORUM PL SUITE 500D  
WEST PALM BEACH, FL 33401**FEI Number:** 47-2408824**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BONE, RIKARD  
1551 FORUM PL SUITE 500D  
WEST PALM BEACH, FL 33401 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	AMBR
Name	BONE, RIKARD
Address	870 GAZETTA WAY
City-State-Zip:	WEST PALM BEACH FL 33413

Title	AMBR
Name	SAEED FOAD, AMANGE
Address	235 RUSSLYN DR
City-State-Zip:	WEST PALM BEACH FL 33405

Title	AMBR
Name	TEKLEHAIAMANOT, HENOK
Address	3140 EDEN COURT
City-State-Zip:	WEST PALM BEACH FL 33411

Title	AMBR
Name	KIMBERLY, JOHN
Address	21 WATERMAN AVE
City-State-Zip:	PHILADELPHIA PA 19118

Title	AMBR
Name	HADELMAN, ALLEN
Address	21 BAY HARBOR RD
City-State-Zip:	TEQUESTA FL 33467

*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:** GUSTAV RIKARD BONE**DIRECTOR OF FINANCE****03/26/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date