

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000142777

**Entity Name:** AION SOLUTIONS, LLC

**Current Principal Place of Business:**

505 BROKEN LIMB PLACE  
BRANDON, FL 33510

**Current Mailing Address:**

505 BROKEN LIMB PLACE  
BRANDON, FL 33510 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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	Title	AMBR
Name	DRIESSLEIN, WILLIAM	Name	VAZQUEZ, JANETTE
Address	505 BROKEN LIMB PLACE	Address	505 BROKEN LIMB PLACE
City-State-Zip:	BRANDON FL 33510	City-State-Zip:	BRANDON FL 33510

*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:** WILLIAM DRIESSLEIN

AMBR

04/28/2016

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

\_\_\_\_\_  
Date