

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000203448

**Entity Name:** VOLLEY SOLUTIONS LLC

**Current Principal Place of Business:**

28525 SW 182ND AVENUE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

28525 SW 182ND AVENUE  
HOMESTEAD, FL 33030 US

**FEI Number:** 81-2408103

**Certificate of Status Desired:** No

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

WEST, JUSTIN J  
28525 SW 182ND AVENUE  
HOMESTEAD, FL 33030 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           MANAGING MEMBER  
Name           WEST, JUSTIN J  
Address        28525 SW 182ND AVENUE  
City-State-Zip: HOMESTEAD FL 33030

*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:** JUSTIN J WEST

**MANAGING MEMBER**

**04/12/2017**

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

\_\_\_\_\_  
Date