

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000084433

**Entity Name:** SOLUTIONARY SPECIES LLC

**Current Principal Place of Business:**

433 ROTARY PLACE NE  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

P.O. BOX 7463  
ST. PETERSBURG, FL 33734 US

**FEI Number: 81-5324334**

**Certificate of Status Desired: No**

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

BARDROFF, JENNA  
433 ROTARY PLACE NE  
ST PETERSBURG, FL 33703 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	Title	AUTHORIZED REPRESENTATIVE
Name	BARDROFF, JENNA	Name	LAYTON, KEVIN
Address	433 ROTARY PLACE NE	Address	433 ROTARY PLACE NE
City-State-Zip:	ST PETERSBURG FL 33703	City-State-Zip:	ST PETERSBURG FL 33703
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	BROWN, BRIAN WILLIAM EDMUND	Name	BAKER, KRISTEN
Address	433 ROTARY PLACE NE	Address	433 ROTARY PLACE NE
City-State-Zip:	ST PETERSBURG FL 33703	City-State-Zip:	ST PETERSBURG FL 33703

*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: JENNA BARDROFF**

**AUTHORIZED  
REPRESENTATIVE**

**02/20/2018**

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

\_\_\_\_\_  
Date