

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000104085

**Entity Name:** CAPITAL IT SOLUTIONS, LLC

**Current Principal Place of Business:**

8001 SARDIS CREEK LN  
CHARLOTTE, NC 28270

**Current Mailing Address:**

8001 SARDIS CREEK LN  
CHARLOTTE, NC 28270

**FEI Number: 81-2793326**

**Certificate of Status Desired: No**

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

BEEBER, PATRICIA  
10726 SPRING BUCK TRAIL  
ORLANDO, FL 32825 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  
Name JANEK, DANIEL  
Address 8001 SARDIS CREEK LN  
City-State-Zip: CHARLOTTE NC 28270

*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: DANIEL JANEK**

**OWNER MANAGER**

**01/15/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date