

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000108024

**Entity Name:** HERRIFORD SOLUTIONS LLC

**Current Principal Place of Business:**

4941 DEAL CT  
WALDORF, MD 20602

**Current Mailing Address:**

4941 DEAL CT  
WALDORF, MD 20602 US

**FEI Number:** 81-2868651

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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            | HERRIFORD, ANDREW    | Name            | HERRIFORD, BIANCA    |
| Address         | 763 VALENCIA PKWY    | Address         | 763 VALENCIA PKWY    |
| City-State-Zip: | CHULA VISTA CA 92114 | City-State-Zip: | CHULA VISTA CA 92114 |

*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:** ANDREW HERRIFORD

**MEMBER**

**04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date